

# Issues for CIHR Attention Form

Name of candidate:

Application number:

Reviewer:

Indicate on this form any issues for CIHR staff to address regarding the application. Please note that your signature is required at the bottom of the form.

**Program Eligibility**

Provide details:

**Term of Support**

Provide details:

**Ethical Issues**

Provide details:

**Human Stem Cell Research**

Provide details:

**Other**

Provide details:

Signature

Date

Please return this form to CIHR via fax: (613) 954-1800, email: [DRA@cihr-irsc.gc.ca](mailto:DRA@cihr-irsc.gc.ca) or mail:  
Doctoral Research Awards  
Canadian Institutes of Health Research  
Research Capacity Development  
160 Elgin Street, 9th Floor, Address Locator 4809A  
Ottawa, ON K1A 0W9