CSB CryoEM Facility (CCF)

– Reviewer Evaluation Form

Please return this form within **seven (7) days** of receiving the proposal to:
lim@mail.nih.gov

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Score (1–10):**
*(1 = highest priority; 10 = lowest priority)*
Score should be based on *project* *feasibility and the necessity of access to the Arctica or Krios microscope.*

**Score:** \_\_\_\_\_

**Comments (optional):**
Please provide any feedback e.g., strengths, concerns, feasibility, or special considerations:

**Reviewer Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_