



NAVAL MEDICAL RESEARCH UNIT SAN ANTONIO (NAMRU-SA) SCIENTIFIC REVIEW ROUTING SHEET

AUTHOR/ORIGINATOR: _____

DATE: _____

SUBJECT: _____

NAMRU-SA ROUTING NUMBER: _____

☑ or N/A	Title	Initials	Recommend		Reviewed	Date
			Approval	Disapproval		
<input type="checkbox"/> 1	Author/Principal Investigator					
<input type="checkbox"/> 2	Department Head (circle one) VET SCI DE CCC DENT/BIOMED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 3	Scientific Review Chair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 4	(Please Specify) Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> 5	Executive Officer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Initials	Approved	Disapproved	Date	
<input type="checkbox"/> 6	Commanding Officer		<input type="checkbox"/>	<input type="checkbox"/>		

COMMENTS:

Notes:

Return to Scientific Review Board Chair unless otherwise noted.