



National **Kidney** Foundation®

Serving Maryland and Delaware

**POTENTIAL REVIEWERS**

**Optional – Provide a list of two (2) potential reviewers.**

**The reviewer should be an expert in the field of interest and with no conflict of interest.**

**Reviewer #1**

Name:

Name of Institution:

Business Address:

Email Address:

Work Phone:

Cell Phone:

Fax Number:

Is the reviewer aware that you have listed him/her as a potential reviewer? Yes  No

**Reviewer #2**

Name:

Name of Institution:

Business Address:

Email Address:

Work Phone:

Cell Phone:

Fax Number:

Is the reviewer aware that you have listed him/her as a potential reviewer? Yes  No