

PHS 398 Cover Page Supplement

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OMB Number: 0925-0001
Expiration Date: 10/31/2018

1. Human Subjects Section

Clinical Trial? Yes No

*Agency-Defined Phase III Clinical Trial? Yes No

2. Vertebrate Animals Section

Are vertebrate animals euthanized? Yes No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines? Yes No

If "No" to AVMA guidelines, describe method and provide scientific justification

3. *Program Income Section

*Is program income anticipated during the periods for which the grant support is requested?

Yes No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period *Anticipated Amount (\$) *Source(s)

<input type="text" value="x"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Add

4. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells? Yes No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example: 0004):

<input type="text" value="x"/>	<input type="text"/>
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5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents: Yes No

If "Yes" then answer the following:

*Previously Reported: Yes No

6. Change of Investigator / Change of Institution Section

Change of Project Director / Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Change of Grantee Institution

*Name of former institution: