

# PHS 398 COVER PAGE SUPPLEMENT

OMB Number: 0925-0001

<b>1. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR (PD/PI)</b>	
Prefix	<input type="text"/>
*First Name	<input type="text"/>
Middle Name	<input type="text"/>
*Last Name	<input type="text"/>
Suffix	<input type="text"/>
<b>2. HUMAN SUBJECTS</b>	
Clinical Trial?	<input checked="" type="radio"/> No <input type="radio"/> Yes
*Agency-defined Phase III Clinical Trial?	<input type="radio"/> No <input type="radio"/> Yes
<b>3. *Disclosure Permission Statement</b> If this application does not result in an award, is the Government permitted to disclose the title of the proposed project, and the name, address, telephone number, and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g. possible collaborations, investment)? <input type="radio"/> Yes <input type="radio"/> No	
<b>4. *Program Income</b>	

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*Is the program income anticipated during the periods for which the grant support is requested?	<input type="radio"/> Yes <input type="radio"/> No
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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)

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### 5. HUMAN EMBRYONIC STEM CELLS

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

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:

*Cell Line(s)*

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

<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

### 6. INVENTIONS AND PATENTS (FOR RENEWAL APPLICATIONS ONLY)

\*Inventions and Patents  Yes  No

If the answer is "Yes" then please answer the following:

\*Previously Reported  Yes  No

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**7. Change of Investigator/Change of Institution Questions**

Change of principal investigator/program director

**Name of former principal investigator/program director**

Prefix	<input type="text"/>
* First Name	<input type="text"/>
Middle Name	<input type="text"/>
*Last Name	<input type="text"/>
Suffix	<input type="text"/>

Change of Grantee Institution

**\*Name of former institution**

<input type="text"/>
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