| Depar | | th and Human Servi lealth Service | ices | Review Group | Туре | Activity | Fellowship Number | |
|--|-------------------------------|--------------------------------------|--------------------|---|-------------|-----------------|-------------------------|--|
| | Ruth L. | Kirschstein | | Total Project Period | | | | |
| Natio | nal Resea | rch Service Aw | ard | From: | | Through: | | |
| Individu | | ship Progress Ructions carefully | Report | Requested Budget Period | | | | |
| | FOIIOW IIISU | uctions carefully | | From: Through: | | | | |
| 1. TITLE OF RESEA | RCH TRAINII | NG PROPOSAL | | | | | | |
| 2a. FELLOW (Name | and address, | street, city, state, zi | ip code) | 2b. FELLOW'S E-I | MAIL ADDI | RESS | | |
| | | | | 2c. DEPARTMENT | Γ, SERVICI | E, LABORATO | RY, OR EQUIVALENT | |
| | | | | 2d. MAJOR SUBD | IVISION | | | |
| 3a. NAME OF SPONSOR | | | | 3b. SPONSOR'S E | E-MAIL AD | DRESS | | |
| 4. SPONSORING INSTITUTION (Name and address, street, city, state, zip code) | | | | 6a. TITLE AND ADDRESS OF OFFICIAL IN SPONSORING INSTITUTION BUSINESS OFFICE | | | | |
| 5. ENTITY IDENTIFICATION NO. | | | | 6b. E-MAIL ADDRESS: | | | | |
| 7. HUMAN SUBJEC | TS NO | YES | | 9. TRAINING SITE(S) (Organizations and addresses) | | | | |
| 7a. Research Exempt | If Exempt ("Y | es" in 7a): Exemption | on No. | Organizational Nar | me: | | | |
| NO YES | If Not Exemp | t ("No" in 7a): IRB a | pproval date | DUNS: | | | | |
| 7b. Federalwide Assu | rance No. | | | Street 1: | | | | |
| 7c. NIH Defined Pha | se III Clinical | Trial NO | YES | Street 2: | | | | |
| 8. VERTEBRATE AN | NIMALS | NO YES | | City: | | County: | | |
| 8a. If "Yes," IACUC approval date | e | 8b. Animal welfare | assurance no. | State: | | Province | : | |
| | | | | Country: | | Zip/Posta | al Code: | |
| 10. NAME AND TITL ORGANIZATION (It | | AL SIGNING FOR A | APPLICANT | Congressional Districts: | | | | |
| NAME | | | | 11. FELLOW'S TELEPHONE INFORMATION | | | | |
| TITLE | | | | OFFICE | | | | |
| TEL | | FAX | | FAX | | | | |
| E-MAIL | | | | HOME | | | | |
| 12. CORRECTIONS | (Items 1 - 6) | | <u>l</u> | | | | | |
| | | | | | | | | |
| 13. APPLICANT OR accurate to the best result of this report. I administrative penalt | of my knowled am aware tha | dge, and I agree to d | comply with the Pu | ıblic Health Service | e terms and | conditions if a | a grant is awarded as a | |
| SIGNATURE OF OFFICIAL NAMED IN 10. (In ink. "Per" signature not acceptable.) | | | | | | | DATE | |

PHS 416-9 (Rev. 06/12) Form Page 1

| Program Director/Principal | Investigator | (Last. | First. | Middle): |
|----------------------------|--------------|--------|--------|----------|

Use only if additional space is needed to list additional project/performance sites.

| Additional Project/Performance Site Loca | ation | | | | |
|--|----------|---------|-----------|------------|--------|
| Organizational Name: | | | | | |
| DUNS: | | | | | |
| Street 1: | | | Street 2: | | |
| City: | | County: | | | State: |
| Province: | Country: | | | Zip/Postal | Code: |
| Project/Performance Site Congressional Districts | | | | | |
| Additional Project/Performance Site Loca | ation | | | | |
| Organizational Name: | | | | | |
| DUNS: | | | | | |
| Street 1: | | | Street 2: | | |
| City: | | County: | | | State: |
| Province: | Country: | | | Zip/Postal | Code: |
| Project/Performance Site Congressional Districts | | | | | |
| Additional Project/Performance Site Loca | ation | | | | |
| Organizational Name: | | | | | |
| DUNS: | | | | | |
| Street 1: | | | Street 2: | | |
| City: | | County: | 1 | | State: |
| Province: | Country: | | | Zip/Postal | Code: |
| Project/Performance Site Congressional Districts | | | | • | |
| Additional Project/Performance Site Loca | ation | | | | |
| Organizational Name: | | | | | |
| DUNS: | | | | | |
| Street 1: | | | Street 2: | | |
| City: | | County: | | | State: |
| Province: | Country: | • | | Zip/Postal | Code: |
| Project/Performance Site Congressional Districts | | | | | |
| Additional Project/Performance Site Loca | ation | | | | |
| Organizational Name: | | | | | |
| DUNS: | | | | | |
| Street 1: | | | Street 2: | | |
| City: | | County: | | | State: |
| Province: | Country: | | | Zip/Postal | Code: |
| Project/Performance Site Congressional Districts | 1 | | | | |
| | | | | | |

Ruth L. Kirschstein National Research Service Award Individual Fellowship Progress Report for Continuation Support

FELLOWSHIP NUMBER

| 14a. | . PERMANENT | MAILING A | DDRESS | OF FELLOW | (Street, | city, | state |
|-------|-------------|-----------|--------|-----------|----------|-------|-------|
| zip (| code) | | | | | | |

14b. PERMANENT PHONE NUMBER

15. Human subjects, vertebrate animals, select agents and human embryonic stem cells (see instructions)

A. Human Subjects (Complete Item 7 on the Face Page)

Use of Human Subjects Change No Change Since Previous Submission

B. Vertebrate Animals (Complete Item 8 on the Face Page)

Use of Vertebrate Animals Change No Change Since Previous Submission

C. Select Agents (There is no item required on Face Page for Select Agents)

Use of Select Agents Change No Change Since Previous Submission

D. Human Embryonic Stem Cells (There is no item required on Face Page for Human Embryonic Stem Cells)

Human Embryonic Stem Cell Line(s) Used Change No Change Since Previous Submission

WOMEN AND MINORITY INCLUSION IN CLINICAL RESEARCH

See SF424 (R&R) Fellowship Application Guide Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

16. SUMMARY OF ACTIVITIES (Use continuation pages. Do not exceed 3 pages.)

A. CHANGES

Since submission of the last application/progress report, have any significant changes occurred in the training program, particularly the research project, academic status, or time distribution of activities (i.e., percentage of time devoted to research project, course work, teaching, etc.)? If so, explain.

B. PROGRESS

Describe concisely the research performed and research training obtained, including instruction in the responsible conduct of research, during the past year. List all courses and publications.

Complete the Inclusion Enrollment Report Format Page and Targeted/Planned Enrollment Format Page, if applicable.

C. RESEARCH TRAINING PLANS

Describe concisely the research and research training planned for the requested budget period, including any course work.

| Name | of | Applicant | (Last | first | middle). |
|------|----|-----------|-------|-------|----------|
| | | | | | |

Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

| Study Title: | | | | |
|--|---------------------------------|--------------|----------------------------|-----------------|
| Total Enrollment: | Protoco | ol Number: | | |
| Grant Number: | | | | |
| | | | | , |
| | r of Subjects nicity and Rac | | Date (Cumulative | €) |
| | | | Sex/Gender | |
| Ethnic Category | Females | Males | Unknown or Not Reported | Total |
| Hispanic or Latino | | | | ** |
| Not Hispanic or Latino | | | | |
| Unknown (individuals not reporting ethnicity) | | | | |
| Ethnic Category: Total of All Subjects* | | | | * |
| Racial Categories | | | | |
| American Indian/Alaska Native | | | | |
| Asian | | | | |
| Native Hawaiian or Other Pacific Islander | | | | |
| Black or African American | | | | |
| White | | | | |
| More Than One Race | | | | |
| Unknown or Not Reported | | | | |
| Racial Categories: Total of All Subjects* | | | | * |
| | | | | |
| PART B. HISPANIC ENROLLMENT REPORT: Number | oer of Hispani | cs or Latino | s Enrolled to Da | te (Cumulative) |
| | | | Sex/Gender | |
| Racial Categories | Females | Males | Unknown or Not Reported | Total |
| American Indian or Alaska Native | | | | |
| Asian | | | | |
| Native Hawaiian or Other Pacific Islander | | | | |
| Black or African American | | | | |
| White | | | | |
| More Than One Race | | | | |
| Unknown or Not Reported | | | | |
| Racial Categories: Total of Hispanics or Latinos** | | | | ** |
| * = | | | | |

^{*} These totals must agree.** These totals must agree.

| Name of Applicant | (Last, first, middle) |) - | |
|---------------------|-----------------------|------------|--|
| turno or rippilount | (Lact, mot, madic) | • | |

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

| Study Title: | | |
|---------------------------|--|--|
| Total Planned Enrollment: | | |

| TARGETED/PLANNED ENROLLMENT: Number of Subjects | | | | | | |
|---|---------|-------|-------|--|--|--|
| Ethnic Category | Females | Males | Total | | | |
| Hispanic or Latino | | | | | | |
| Not Hispanic or Latino | | | | | | |
| Ethnic Category: Total of All Subjects * | | | | | | |
| Racial Categories | | | | | | |
| American Indian/Alaska Native | | | | | | |
| Asian | | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | | |
| Black or African American | | | | | | |
| White | | | | | | |
| Racial Categories: Total of All Subjects * | | | | | | |

^{*} The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

Ruth L. Kirschstein National Research Service Award Individual Fellowship Progress Report for Continuation Support

Continuation Support (To be completed by sponsor — follow PHS 416-9 instructions) If "yes," specify the amount(s) and dates on which supplementation 17. SUPPLEMENTATION OF STIPEND: YES NO occurred, and the source of the funds. 18. COMMENTS OF SPONSOR (Use additional page, if necessary) Evaluate the quality of the training (including academic work) and research progress made by the fellow during the past year. Include performance on cumulative and qualifying examinations, if applicable.

APPLICANT ORGANIZATION'S ASSURANCES/CERTIFICATIONS

In signing the application Face Page, the applicant organization official agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in the PHS 416-9 Instructions under Section 2.1, Item 13. Applicant Organization Certification and Acceptance. If unable to certify compliance, where applicable, provide an explanation and place it after the Progress Report.

| Name of Applicant (Last, First, M | liddle): | | |
|-----------------------------------|----------|--|--|
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