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Expiration Date: XX/XX/2018

PHS Assignment Request Form

OMB Number: 0925-0001

Funding Opportunity Announcement Number:

Funding Opportunity Announcement Title:

Institute Assignment Request (optional)

If you have a preference for Funding Component (e.g., NIH Institute/Center) Assignment, please use the link below to identify the most appropriate "IC" then enter the short abbreviation (e.g., NCI) for that IC in "Assign to/Do Not Assign To Institute" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

[Information about Funding Components can be found here](#)

Assign to Institute:	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
Do Not Assign to Institute:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Study Section Assignment Request (optional)

If you have a preference for review group Assignment, please use the link below to identify the most appropriate review group then enter the short abbreviation for that review group in "Assign to/Do not Assign to Study Section" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

[Information about review groups can be found here](#)

Assign to Study Section:	1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
<small>Only 20 characters allowed</small>			
Do Not Assign to Study Section:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>Only 20 characters allowed</small>			

List Individuals who should not review your application and why (optional)

Only 1000 characters allowed

Identify Scientific areas of expertise needed to review your application. (optional)

Note: Please do not provide names of individuals.

Expertise: Only 40 characters allowed

1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
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