

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0001). Do not return the completed form to this address.

Expiration Date: XX/XX/2018

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

1. Human Subjects Section		
Clinical Trial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Agency- Defined Phase III Clinical Trial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Vertebrate Animals Section		
Are animals euthanized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes" to euthanasia		
Is method consistent with American Veterinary Medical Association (AVMA) guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "No" to AVMA guidelines, describe method and provide a scientific justification	<div style="border: 1px solid black; height: 30px;"></div>	
3. *Disclosure Permission Statement Section		
If this application does not result in an award, is the Government permitted to disclose the title of your 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 (e.g. possible collaborations, investment)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. *Program Income Section		
*Is program income anticipated during the periods for which the grant support is requested?		
<input type="checkbox"/> Yes <input type="checkbox"/> 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"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add"/>		
5. Human Embryonic Stem Cells Section		
*Does the proposed project involve human embryonic stem cells?		
<input type="checkbox"/> Yes <input type="checkbox"/> 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:		
<input type="checkbox"/> 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"/>		
<input type="button" value="Add"/>		
6. Inventions and Patents Section (For renewal applications only)		
*Inventions and Patents: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is "Yes" then please answer the following:		
*Previously Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Change of Investigator / Change of Institution Section		
<input type="checkbox"/> 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"/>		
<input type="checkbox"/> Change of Grantee Institution		
* Name of former Institution:		
<input type="text"/>		