

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

<b>1. Human Subjects Section</b>																						
Clinical Trial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
* Agency- Defined Phase III Clinical Trial	<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
<b>2. Vertebrate Animals Section</b>																						
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>																					
<b>3. *Disclosure Permission Statement Section</b>																						
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																						
<b>4. *Program Income Section</b>																						
*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"/>																						
<b>5. Human Embryonic Stem Cells Section</b>																						
*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: <a href="http://stemcells.nih.gov/research/registry">http://stemcells.nih.gov/research/registry</a> . 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):																						
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
<input type="button" value="Add"/>																						
<b>6. Inventions and Patents Section (For renewal applications only)</b>																						
*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																						
<b>7. Change of Investigator / Change of Institution Section</b>																						
<input type="checkbox"/> Change of principal investigator / program director:																						
Name of former principal investigator / program director:																						
Prefix: <input style="width: 80px;" type="text"/>																						
*First Name: <input style="width: 280px;" type="text"/>																						
Middle Name: <input style="width: 180px;" type="text"/>																						
*Last Name: <input style="width: 410px;" type="text"/>																						
Suffix: <input style="width: 80px;" type="text"/>																						
<input type="checkbox"/> Change of Grantee Institution																						
* Name of former Institution:																						
<input style="width: 410px;" type="text"/>																						