

Public reporting burden for this collection of information is estimated to average 30 minutes 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 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 | 2 | 3 |
| | <input type="text"/> | <input type="text"/> | <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 | 2 | 3 |
| <i>Only 20 characters allowed</i> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Do Not Assign to Study Section: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <i>Only 20 characters allowed</i> | | | |

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*

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