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**PHS Assignment Request Form**

OMB Number: 0925-0001  
Expiration Date: 10/31/2018

Funding Opportunity Number:

Funding Opportunity Title:

**Awarding Component Assignment Request (optional)**

If you have a preference for an awarding component (e.g., NIH Institute/Center) assignment, use the link below to identify the appropriate short abbreviation and enter it below. All requests will be considered, however, assignment requests cannot always be honored.

Link to Awarding Components: [https://grants.nih.gov/grants/phs\\_assignment\\_information.htm#Awarding\\_components](https://grants.nih.gov/grants/phs_assignment_information.htm#Awarding_components)

	First Choice	Second Choice	Third Choice
Assign to Awarding Component:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do Not Assign to Awarding Component	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Study Section Assignment Request (optional)**

If you have a preference for study section assignment, use the link below to identify the appropriate study section (e.g., NIH Scientific Review Group or Special Emphasis Panel) and enter it below. Remove all hyphens, parentheses, or spaces. All requests will be considered, however, assignment requests cannot always be honored.

Link to Study Sections: [https://grants.nih.gov/grants/phs\\_assignment\\_information.htm#StudySection](https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection)

	First Choice	Second Choice	Third Choice
Assign to Study Section: <i>Only 20 characters allowed</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do not Assign to Study Section <i>Only 20 characters allowed:</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	1	2	3	4	5
Expertise <i>Only 40 characters allowed</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>