

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.

PHS 398 Cover Page Supplement

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

1. Vertebrate Animals Section

Are vertebrate Animals Euthanized? Yes No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association Guidelines? Yes No

If "No" to AVMA guidelines, describe method and provide scientific justification

2. *Program Income Section

*Is program income anticipated during the periods for which the grant is requested?

 Yes 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)

3. Human Embryonic Stem Cell Section

* Does the proposed project involve human embryonic stem cells?

Yes No

If the proposed program involves human embryonic stem cells, list below the registration number of the specific stem 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.

Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example: 004)

4. Inventions and Patents Section (RENEWAL)

*Inventions and Patents Yes No

If "Yes" then answer the following:

*Previously reported Yes No

5. Change of Investigator / Change of Institution Section

Change of Project Director / Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Change of Grantee Institution

*Name of former institution