## PHS 398 Cover Page Supplement

OMB Number: 0925-001 Expiration Date: 03/31/2020

1. Vertebrate Animals Section		
If "Yes" to outhanasia   s nethod consistent with American Metarinary   Medical Association (AMAA) guidelines?	1. Vertebrate Animals Section	☐ Yes ☐ No
Is method consistent with American Veterinary   Medical Association (AMA) guidelines (Secribe method and provide scientific justification	Are Vertebrate animals euthanized?	
Is method consistent with American Neterinary Medical Association (AMAN) guidelines?  If "No" to AVMA guidelines, describe method and provide scientific justification  "Is program income acticipated during the periods for which the grant support is requested?    Yes	If " <b>Yes</b> " to euthanasia	☐ Yes ☐ No
2. * Program Income Section  "Is program income anticipated during the periods for which the grant support is requested?    Yes		
"Is program income anticipated during the periods for which the grant support is requested?    'Pes		
Yes   No	2. * Program Income Section	
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)  Add  3. Human Embryonic Stem Cells Section  *Does the proposed project involves human embryonic stem cells? Yes 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://dstemcells.nih.gov/research/registry/. Or, if a specific stem cell line cannot be referenced at this time, check the box indicating that one from the registry will be used:  Cell Line(s) (Example: 0004):  X	*Is program income anticipated during the periods for	r which the grant support is requested?
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Middle Name:
* Last Name:
Suffix:
☐ Change of Grantee Institution
* Name of former institution:
Name of former institution.