

1. Vertebrate Animals Section

Yes No

Are Vertebrate animals euthanized?

If "Yes" to euthanasia

Yes No

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?

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 support 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)

Add

3. Human Embryonic Stem Cells Section

* Does the proposed project involve 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://stemcells.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:

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

Cell Line(s) (Example: 0004):

Add

4. Human Fetal Tissue Section

* Does the proposed project involve human fetal tissue obtained from elective abortions? Yes No

If "yes" then provide the HFT Compliance Assurance

Add Attachment

Delete Attachment

View Attachment

If "yes" then provide HFT Sample IRB Consent Form

Add Attachment

Delete Attachment

View Attachment

5. Inventions and Patents Section (for Renewal applications)

* Inventions and Patents: Yes No

If "Yes" then answer the following:

* Previously Reported: Yes No

6. 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: