

Submit Progress

Status	Requested By	Date Requested	Last Modified
Request Fulfilled			

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Progress reports will be requested every 12 months until the project is complete. You will receive an email when the progress report is due. At that time, please update the section below. You may also update the section below at any other time.

* indicates required field

OMB Control Number: 0925-0723
 Expiration Date: 10/31/2024
 Public reporting burden for this collection of information is estimated to vary from 15 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 (0925-0723). Do not return the completed form to this address.

New Progress Report for [date]

1. Summary

Background *

Minimum 500-character (without spaces) limit.

Results (If applicable, please attach one or more figures, tables, images, etc. detailing your results at the bottom of this webpage.) *

Minimum 500-character (without spaces) limit.

Future Studies (Optional)

Changes from initial application (Optional)

2. Presentation

Have you presented the research that utilized the tissues provided in this request at any scientific conference/meetings? *

Yes

Where did you present this research? *

Delete Add

3. Manuscripts

Have you published any manuscripts that utilize the tissues provided in this request? (In a previous progress report for this tissue request, if you provided a manuscript that was pending or not officially published yet, please report that publication here with its official PubMed ID #.) *

Do not include any publications that were included in previous progress reports, if possible.

Yes

PubMed ID *	Journal *	Date of Publication *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Delete Add

Have you submitted any manuscripts (not yet officially published) that utilize the tissues provided in this request? *

Yes

Title *	Journal Submitted To *
<input type="text"/>	<input type="text"/>

Delete Add

4. New Scientific Questions/Specific Aims/Grant Applications

Did the research using the tissues provided in this request lead to any new scientific question, specific aims, and/or grant applications? *

Yes

What institution is the specific aim/grant affiliated with? *

NIH Extramural
 NIH Intramural
 Other US Federal Government Agency
 State Government
 Academic/Medical Institution
 Private Foundation
 NFP
 Industry
 Foreign Government
 Other Foreign Institution
 Pending
 Other

5. Personnel/Hours

As a result of the research using the tissues provided in this request, are there new individuals in your group working in this research area (who were not previously doing so)? *

Yes

How many? *

6. Project Complete?

Have ALL planned manuscripts been officially published? (If you selected 'Yes' for question 3b above, please answer 'No'.)

A 'Yes' here indicates the project has been completed and no more manuscripts will be published.

No

7. Other Tissue Sources

In addition to Neurobiobank-provided tissue, did your research also utilize tissue provided from another source? *

Yes

Please provide the type of tissue acquired and its source. *

8. Sharing Scientific Data

Have data generated from this research been submitted to a data repository?

Yes

If yes, please provide the name of the data repository.

Attachments

Browse... No files selected.

You may upload the following file types: txt, pdf, doc, docx, xls, xlsx, csv

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