### 1. Human Subjects Section

- **Clinical Trial?**
  - Yes
  - No

- **Agency-Defined Phase III Clinical Trial?**
  - Yes
  - No

### 2. Vertebrate Animals Section

- **Are vertebrate animals euthanized?**
  - Yes
  - No

  **If "Yes" to euthanasia**
  - **Is method consistent with American Veterinary Medical Association (AVMA) guidelines?**
    - Yes
    - No

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

### 3. 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) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Add**

### 4. 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/](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: 0004):**

<table>
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<tr>
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</table>

- **Add**
5. Inventions and Patents Section (RENEWAL)

*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: 