

PHS 398 Cover Page Supplement

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OMB Number: 0925-0001

Expiration Date: 3/31/2020

1. 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

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)

☒ X

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):

☒ X

Add

4. Inventions and Patents Section (for Renewal applications)

*Inventions and Patents: Yes ☐ No ☐

If "Yes" then answer the following:

*Previously Reported: Yes ☐ No ☐

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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: