PHS 398 Cover Page Supplement

OMB Number: 0925-0001 Expiration Date: 2/28/2023

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	or which the grar	nt support is requested?	
Yes No			
If you checked "yes" above (indicating that program source(s). Otherwise, leave this section blank.	income is antici	pated), then use the format below to reflect the amount and	
*Budget Period *Anticipated Amount (\$)		*Source(s)	
3. Human Embryonic Stem Cells Section			
*Does the proposed project involve human embryonic		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):			
4. Human Fetal Tissue Section			
*Does the proposed project involve human fetal tissue	obtained from e	lective abortions? Yes No No	
If "yes" then provide the HFT Compliance Assurance			
	Add Attachmen	Delete Attachment View Attachment	
If "yes" then provide the HFT Sample IRB Consent Fo	orm		
	Add Attachme	Delete Attachment View Attachment	

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (for Renewal applications)		
*Inventions and Patents: Yes No No		
If "Yes" then answer the following:		
*Previously Reported: Yes No 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:		
Name of former managem.		