

# PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: TBD



Update to OMB approval  
Expiration Date.

## 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)

## 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: [https://grants.nih.gov/stem\\_cells/registry/current.htm](https://grants.nih.gov/stem_cells/registry/current.htm). 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 elective abortions?

Yes  No

If "yes" then provide the HFT Compliance Assurance

Add Attachment

Delete Attachment

View Attachment

If "yes" then provide the HFT Sample IRB Consent Form

Add Attachment

Delete Attachment

View Attachment

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## 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 Recipient Organization Section

Change of Project Director/Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

\*First Name:

Middle Name:

\*Last Name:

Suffix:

Change of Recipient Organization

\*Name of former organization:

# RESEARCH & RELATED Other Project Information



1. Are Human Subjects Involved?  Yes  No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations?  Yes  No

If yes, check appropriate exemption number.  1  2  3  4  5  6  7  8

If no, is the IRB review Pending?  Yes  No

IRB Approval Date:

Human Subject Assurance Number:

2. Are Vertebrate Animals Used?  Yes  No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

IACUC Approval Date:

Animal Welfare Assurance Number:

3. Is proprietary/privileged information included in the application?  Yes  No

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?  Yes  No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?  Yes  No

4.d. If yes, please explain:

5. Is the research performance site designated, or eligible to be designated, as a historic place?  Yes  No

5.a. If yes, please explain:

6. Does this project involve activities outside of the United States or partnerships with international collaborators?  Yes  No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments