

# 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 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)

1/1/2025-  
1/1/2026

\$800,000

Subscription deals with healthcare providers

## 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):

## 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

# PHS 398 Cover Page Supplement

## 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 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: