OMB Number: 4040-0001 Expiration Date: 12/31/2022

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

		PROFILE - Project Director	/Principal Inves	tigator			
Prefix: Dr.	* First Name: Ja	imes		Middle Nam	ne:		
* Last Name: Blu	um			Suff	ïx:		
Position/Title: Ch	nief Health Information O	fficer	Department:	Anesthesia			
Organization Nam	ne: University of Iowa Ho	spitals & Clinics		D	livision:		
* Street1: 200 Ha	awkins Drive						
Street2:							
* City: lowa	City County/ Parish: Johnson						
* State: lowa				Province:			
* Country: USA:	UNITED STATES			* Zip / Postal	Code: 52240		
* Phone Number:	1-800-777-8442	Fax Number:					
* E-Mail: James-B	Blum@uiowa.edu						
Credential, e.g.,	agency login:						
* Project Role:	PD/PI	Other Proje	ect Role Catego	ry:			
Degree Type:	MD						
Degree Year:							
*Attach Biographical Sketch Add Attach					Delete Attachment	View Attachment	
Attach Current & Pending Support Add Attachment Delete					Delete Attachment	View Attachment	İ
		PROFILE - Senior	/Key Person 1				
Prefix:	* First Name: N	ichael		Middle Nam			
	urth			Suff	ix:		
Position/Title: Graduate Student Department: Informatics							
	ne: University of Iowa Gr	aduate College		D	vivision:		
	Washington Street						
Street2:			. [
* City: lowa	City	County/ Paris	sh: Johnson				
* State: lowa				Province:	2 1 52212		
	UNITED STATES			^ Zip / Postal (Code: 52240		
* Phone Number:		Fax Number:					
* E-Mail: mike-wu							
Credential, e.g.,	agency login:						<u> </u>
* Project Role:	Project Manager	Other Proje	ect Role Catego	ry:			
Degree Type:	Bachelors, Masters						
Degree Year:	2020, 2024						
Attach Biographical Sketch Add Attachment Delete Attachment View Attachment							
Attach Current & Pending Support Add Attachment Delete Attachment View Attachment							
Delete Entry						Next Person	

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.