PHS 398 Cover Page Supplement

OMB Number: 0925-0001

1. Project Director / Principal Investigator (PD/PI)

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

2. Human Subjects

Clinical Trial? ☐ No ☐ Yes

* Agency-Defined Phase III Clinical Trial? ☐ No ☐ Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Phone Number:

Fax Number:

Email:

* Title:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code:

PHS 398 Cover Page Supplement

4. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells? ☐ No ☐ Yes

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, please check the box indicating that one from the registry will be used:

Cell Line(s): ☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.