

PHS 398 Cover Page Supplement

OMB Number: 0925-0001
Expiration Date: 9/30/2007

1. Project Director / Principal Investigator (PD/PI)			
Prefix:	Dr.	* First Name:	Kermit
Middle Name:	T.		
* Last Name:	Frog		
Suffix:			
* New Investigator? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Degrees:	Ph.D.		
2. Human Subjects			
Clinical Trial?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
* Agency-Defined Phase III Clinical Trial?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
3. Applicant Organization Contact			
Person to be contacted on matters involving this application			
Prefix:		* First Name:	Grant Specialist
Middle Name:			
* Last Name:	Grant Specialist		
Suffix:			
* Phone Number:	732-932-0150 ext.	Fax Number:	732-932-0162
Email:	SPONPGMS@ORSP.RUTGERS.EDU		
* Title:	Grant Specialist - ORSP		
* Street1:	3 Rutgers Plaza		
Street2:	ASB III, 2nd floor		
* City:	New Brunswick		
County:	Middlesex		
* State:	NJ		
* Zip Code:	08901	* Country:	USA

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/registry/index.asp> . 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.

This page is a mandatory form in most NIH applications. It should be completed as directed above.