

Department of Health and Human Services Public Health Services <h2 style="text-align: center;">Grant Progress Report</h2>	Review Group	Type	Activity	Grant Number
Total Project Period				
From: _____ Through: _____				
Requested Budget Period				
From: _____ Through: _____				

1. TITLE OF PROJECT

2a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Name and address, street, city, state, zip code)	3. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) Thomas Jefferson University 201 South 11th Street Martin Building, Room 303 Philadelphia, PA 19107-5595
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2b. E-MAIL ADDRESS	4. ENTITY IDENTIFICATION NUMBER 1-231352651
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2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Administrative Coordinator Thomas Jefferson University 201 South 11th Street, Martin Building, Room 303 Philadelphia, PA 19107-5595 E-MAIL: resadmin@jefferson.edu
2d. MAJOR SUBDIVISION	

6. HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes 6a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes 6b. Human Subjects Assurance No. _____ If Exempt ("Yes" in 6a): Exemption No. _____ 6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes If Not Exempt ("No" in 6a): IRB approval date _____ <input type="checkbox"/> Full IRB or <input type="checkbox"/> Expedited Review	7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes 7a. If "Yes," IACUC approval Date _____ 7b. Animal Welfare Assurance No. _____
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8. COSTS REQUESTED FOR NEXT BUDGET PERIOD 8a. DIRECT \$ _____ 8b. TOTAL \$ _____	9. INVENTIONS AND PATENTS <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," <input type="checkbox"/> Previously Reported <input type="checkbox"/> Not Previously Reported
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10. PERFORMANCE SITE(S) (<i>Organizations and addresses</i>)	11a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (<i>Item 2a</i>) TEL _____ FAX _____
	11b. ADMINISTRATIVE OFFICIAL NAME (<i>Item 5</i>) Resadmin@jefferson.edu TEL 215-503-6976 FAX 215-503-2365
	11c. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (<i>Item 14</i>) NAME Susan K. Stearsman TITLE Director TEL 215-503-6976 FAX 215-503-2365 E-MAIL resadmin@jefferson.edu

12. Corrections to Page 1 Face Page

13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 11c. (<i>In ink. "Per" signature not acceptable.</i>)	DATE
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