

Department of Health and Human Services Public Health Services	Review Group	Type	Activity	Grant Number
Grant Progress Report	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 Sheridan Building, 2nd Floor 125 South 9th Street 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 Sheridan Building, 2nd Floor 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. If Not Exempt ("No" in 6a): IRB approval date	7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes 7a. If "Yes," IACUC approval Date 7b. Animal Welfare Assurance No.
6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes { <input type="checkbox"/> Full IRB or <input type="checkbox"/> Expedited Review	

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>) Jeanmarie Johnston 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
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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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