

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. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code)	2b. E-MAIL ADDRESS
	2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT
	2d. MAJOR SUBDIVISION School of <enter department here>
	2e. Tel: _____ Fax: _____

3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) Washington University Campus Box 1054, One Brookings Drive St. Louis, MO 63130-4862	3b. Tel: 314-747-4134 Fax: 314-362-8712
	3c. DUNS: 068552207
	4. ENTITY IDENTIFICATION NUMBER 1430653611A1

6. HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes 6a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If Exempt ("Yes" in 6a): Exemption No. _____ If Not Exempt ("No" in 6a): IRB approval date _____	5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Megan White, Sr Contract Mgr, Spons Research Serv. Campus Box 1054, One Brookings Drive St. Louis, Mo 63130-4899
6b. Federal Wide Assurance No. FWA00002284	Tel: 314-747-5292 Fax: 314-362-8712
6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	E-MAIL: researchcontracts@wusm.wustl.edu

7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes 7a. If "Yes," IACUC approval Date _____ 7b. Animal Welfare Assurance No. A3381-01	10. PROJECT/PERFORMANCE SITE(S) Organizational Name: Washington University DUNS: 068552207
---	--

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD 8a. DIRECT \$ _____ 8b. TOTAL \$ _____	Street 1: One Brookings Drive
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	Street 2: _____
	City: St. Louis County: St. Louis City
	State: MO Province: _____
	Country: USA Zip/Postal Code: 63130-4862
	Congressional Districts: MO-001

11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13) Teri Medley, Director of Grants, Office of Sponsored Research Services		
TEL: 314-747-4134	FAX: 314-362-8712	E-MAIL: researchgrants@wusm.wustl.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 11. (In ink)	DATE
--	---	------