Grant Progress Report   Total Project Petidd   Through: Rejeased Budget Period     1. TITLE OF PROJECT   PROMET   Through: Rejeased Budget Period     2a. PROLONT ORGANIZATION (Name and address, street, city, state, 2p code)   2b. E-MAIL ADDRESS     2a. APPLICANT ORGANIZATION (Name and address, street, city, state, 2p code)   2b. E-MAIL ADDRESS     2a. APPLICANT ORGANIZATION (Name and address, street, city, state, 2p code)   2b. E-MAIL ADDRESS     2a. APPLICANT ORGANIZATION (Name and address, street, city, state, 2p code)   2b. E-MAIL ADDRESS     2a. APPLICANT ORGANIZATION (Name and address, street, city, state, 2p code)   2b. E-MAIL ADDRESS     2a. APPLICANT ORGANIZATION (Name and address, street, city, state, 2p code)   2b. E-MAIL ADDRESS or ADMINISTRATIVE OFFICIAL (Cancer Code)     3a. APPLICANT ORGANIZATION (Name and address, street, city, state, 2p code)   3b. Tet: 615-875-6070   Fax: 615-343-2447     3a. APPLICANT ORGANIZATION NO.   The deproval date (File)   5b. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL (Dirton Brown, MBA, CRA Assoc. Vice President, Office of Sponsored Programs (Ba), gave and advenue, Nashville, TN 37203-6856   Fax: 615-343-2447     6b. Nith-Office Phase III (Cancer The)   No   Yes   10. PROJECT/PERFORMANCE SITE(S) (Organizational Name: Vanderbilt University Medical Center 7b. Animal Welfare Assurance No.   DUNS: 079917897     6. COSTS REQUESTED FOR NEXT BUDGET PERIOD 7b. OTAL S	Department of Health and Human Services Public Health Services			Review Group	Туре	Activity	Grant Number	
Grant Progress Report     Requested Budget Period       1. TITLE OF PROJECT     Prom:     Through:       2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code)     2b. E-MAIL ADDRESS       2a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)     2b. E-MAIL ADDRESS       2a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)     2b. Tel:     Fax:       3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)     3b. Tel: 615-875-6070     Fax: 615-343-2447       2a. MADE SUBJECTS     No     Yes     c. DUNS: 079917897       3a. Research (If Exempt (Yes' in Bapproval date (Bapproval date (Bapproval date)     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL (Bapproval date)       6. HUMAN SUBJECTS     No     Yes     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL (Bapproval date)       7. VERTEBRATE ANIMALS     No     Yes     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL (Bapproval date)       8. NIH-Defined Phase III (Chicki Thail)     No     Yes     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL (Bapproval date)       9. INVENTIONS AND ATENTS     No     Yes     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL (Bapproval date)       11. I'Yes, LOCC Approval Date     No <th></th> <th></th> <th></th> <th>Total Project Period</th> <th></th> <th></th> <th></th> <th></th>				Total Project Period				
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1. TITLE OF PROJECT     2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, dty, state, 2p code)   2b. E-MAIL ADDRESS     2a. Comparison of the street, dty, state, 2p code)   2b. E-MAIL ADDRESS     2a. APPLICANT ORGANIZATION (Name and address, street, dty, state, 2p code)   2b. E-MAIL ADDRESS     2a. Tel:   Fax:     3a. APPLICANT ORGANIZATION (Name and address, street, dty, state, 2p code)   2b. Tel: 615-875-6070   Fax: 615-343-2447     3a. APPLICANT ORGANIZATION (Name and address, street, dty, state, 2p code)   3b. Tel: 615-875-6070   Fax: 615-343-2447     3a. APPLICANT ORGANIZATION Nashville, TN 372036856   3b. Tel: 615-875-6070   Fax: 615-343-2447     5. HUMAN SUBJECTS   No   Yes   Name intre AND ADDRESS OF ADMINISTRATIVE OFFICIAL D. Clinton Brown, MBA, CRA Assoc. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856     6b. Federal Wide Assurance No.   FWA000005756   Tel: 615-875-6070   Fax: 615-343-2447     7b. Animal Welfare Assurance No.   Yes   10. PROJECT/PERFORMANCE SITE(S) Organizational Name: Vanderbilt University Medical Center     7b. Animal Welfare Assurance No.   DUNS: 079917897   County:   Iffed aproval Date     7b. Animal Welfare Assurance No.   DUNS: 079917897   County:   Iffed aproval Date     7b. Animal Welfare As	Grant Progress Report			Requested Budget Period				
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     2e. Tel:   Fax:     3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)   3b. Tel: 615-875-6070   Fax: 615-343-2447     Vanderbill University Medical Center 3319 West End Avenue, Suite 970 Nashville, TN 372036856   3b. Tel: 615-875-6070   Fax: 615-343-2447     4. ENTITY IDENTIFICATION NUMBER 35-2522721   S. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Ba; Exemption No.   S. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL D. Clinton Brown, MBA, CRA Assoc. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856     6b. Federal Wide Assurance No. FWA00005756   Tel: 615-875-6070   Fax: 615-343-2447     c. NIL-Defined Phase III 7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)   Organizational Name: Vanderbilt University Medical Center     7. Atimal Wefare Assurance No.   DUNS: 079917897   Street 1:   Street 1:     8. DIRECT S   8b. TOTAL \$   Street 2:   Control of provide Medical Center     7. VERTEBRATE ANIMALS IND O Yes   City:   County:   Zp/Po				From: Through:				
(Name and address, street, city, state, zip code)   2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT     2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT   2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT     2d. MAJOR SUBDIVISION   2a. Tei: Fax:     3er. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)   3b. Tei: 615-875-6070   Fax: 615-343-2447     3er. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)   3b. Tei: 615-875-6070   Fax: 615-343-2447     3er. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)   3b. Tei: 615-875-6070   Fax: 615-343-2447     3er. Amount of the exampt ("Yes" in "Ba. Basarch: Examptic Tyres" in "Ba. Basarch: Examptic Tyres" in "Ba. Droxe in the Examptic Tyres" in "Addres in the Examptic Tyres in "Addres in the Examptic Tyres" in "Addres in the Examptic Tyres in "Addres in the Examptic Tyres" in "Addres in the Examptic Tyres in "Addres in the Examptic Tyres in "Addres in the Examptic Tyres" in "Addres in the Examptic Tyres in "Ad	1. TITLE OF PROJE	СТ						
2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT     2d. MAJOR SUBDIVISION     2a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)     Vanderbill University Medical Center 3319 West End Avenue, Suite 970 Nashville, TN 372036856   3b. Tel: 615-875-6070   Fax: 615-343-2447     6. HUMAN SUBJECTS   No   Yes 6a):   DUNS: 079917897     4. ENTITY IDENTIFICATION NUMBER 325-2528741   5. NAME, TTLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Basemption No.   Fax: 615-343-2447     6. HUMAN SUBJECTS   No   Yes 6a):   Control Figs approval date   5. NAME, TTLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Basemption No.   D. Clinton Brown, MBA, CRA Assoc. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856     7. VERTERATE ANIMALS   No   Yes   D. Clinton Brown, MBA, CRA Assoc. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856     7. VERTERATE ANIMALS   No   Yes   D. Clinton Brown, MBA, CRA     8. Costs Reouestee No.   DUNS: 079917897   EAMIL: Sponsored programs@vumc.org     9. INVENTIONS AND PATENTS   No   Yes   Dreat 1:     8. DIRECT S   Bb. TOTAL \$   Street 2:   Duns: 079917897     9. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs   Etc. 615-875-6070   Etc. 20000		2b. E-MAIL ADDRES	S					
2e. Tei:   Fax:     3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) Vanderbilt University Medical Center 3319 West End Avenue, Suite 970 Nashville, TN 372036856   3b. Tei: 615-875-6070   Fax: 615-343-2447     6. HUMAN SUBJECTS   No   Yes   5. NAME, TTLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Bay: Mither provided ate in Bay: Mither provided ate in Provided Assurance No.   5. NAME, TTLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL D. Clinton Brown, MBA, CRA Assoc: Vice President, Office of Sponsored Programs 319 West End Avenue, Nashville, TN 37203-8856     6b. Federal Wide Assurance No.   No   Yes   10. PROJECT/PERFORMANCE SITE(S) Organizational Name: Vanderbilt University Medical Center DUNS: 079917897     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S) Organizational Name: Vanderbilt University Medical Center DUNS: 079917897     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:   5.     8. DIRECT \$   b. TOTAL \$   Street 2:     9. INVENTIONS AND PATENTS   No   Yes     11. Vers. <t< td=""><td>,</td><td colspan="5">2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT</td></t<>	,	2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT						
2e. Tei:   Fax:     3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) Vanderbilt University Medical Center 3319 West End Avenue, Suite 970 Nashville, TN 372036856   3b. Tei: 615-875-6070   Fax: 615-343-2447     6. HUMAN SUBJECTS   No   Yes   5. NAME, TTLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Bay: Mither provided ate in Bay: Mither provided ate in Provided Assurance No.   5. NAME, TTLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL D. Clinton Brown, MBA, CRA Assoc: Vice President, Office of Sponsored Programs 319 West End Avenue, Nashville, TN 37203-8856     6b. Federal Wide Assurance No.   No   Yes   10. PROJECT/PERFORMANCE SITE(S) Organizational Name: Vanderbilt University Medical Center DUNS: 079917897     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S) Organizational Name: Vanderbilt University Medical Center DUNS: 079917897     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:   5.     8. DIRECT \$   b. TOTAL \$   Street 2:     9. INVENTIONS AND PATENTS   No   Yes     11. Vers. <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>								
3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) Vanderbill University Medical Center 3319 West End Avenue, Suite 970 Nashville, TN 372036856   3b. Tet: 615-875-6070   Fax: 615-343-2447     3c. DUNS: 079917897   3c. DUNS: 079917897     3c. APPLicant Subjects   No   Yes     3c. Research   If Exempt (Yes' in Ga): Exemption No.   If Not Exempt ('No' in Ga): Exemption No.   S. NAME, TTLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL D. Clinton Brown, MBA, CRA Assoc. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856     6b. Federal Wide Assurance No.   FWA00005756   Fe: 615-875-6070   Fax: 615-343-2447     6c. NIH-Defined Phase III   E-MAIL: sponsoredprograms@vumc.org   Nashville, TN 37203-6856     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)     8. COSTS REQUESTED FOR NEXT BUGGET PERIOD   Street 1:   8a. DIRECT \$   8b. TOTAL \$     9. INVENTIONS AND PATENTS   No   Yes   City:   County:     1f Yes,   Previously Reported   State:   Province:   County:     1f Yes,   Not Previousl				2d. MAJOR SUBDIVISION				
Name and address, street, city, state, zip code)   Sa. Tel. 0150105010   Fax.01505402441     Vanderbilt University Medical Center   3319 West End Avenue, Suite 970     Nashville, TN 372036856   Exempt     I. HUMAN SUBJECTS   No   Yes     G. Research   If Evempt ('Yes' in 6a):     Ba. Research   If Evempt ('Yes' in 6a):     Co. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856     Tel: 615-875-6070   Fax: 615-343-2447     E. Animal Welfare Assurance No.   If PROJECT/PERFORMANCE SITE(S)     Street 1:   Sa. DIRECT \$ 8b. TOTAL \$     Ba. DIRECT \$ 8b. TOTAL \$   Street 1:     Ba. DIRECT \$ 8b. TOTAL \$   S				2e. Tel:		Fax:		
Vanderbilt University Medical Center 3319 West End Avenue, Suite 970 Nashville, TN 372036856   ac. DUNS: 079917897     6. HUMAN SUBJECTS   No   Yes     6. Research   If Exempt ('Yes' in Ba); RRB approval date   5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL D. Clinton Brown, MBA, CRA Assoc. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856     6b. Federal Wide Assurance No.   FWA00005756   Tei: 615-875-6070   Fax: 615-343-2447     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)   Organizational Name: Vanderbilt University Medical Center     7. Aritra Welfare Assurance No.   DUNS:   079917897   Street 1:   Street 1:     8. DIRECT \$   8b. TOTAL \$   Street 1:   County:   County:   If "Yes, Dreviously Reported   Street 1:     9. INVENTIONS AND PATENTS   No   Yes   City:   <		3b. Tel: 615-875-	6070	Fax:	615-343-244	7		
3.19 West EIRO AVenue, Suite 970     Nashville, TN 372036856     4. ENTITY IDENTIFICATION NUMBER     35-2528741     6. HUMAN SUBJECTS   No     9. No   Yes     6. HUMAN SUBJECTS   No     9. No   Yes     6. HUMAN SUBJECTS   No     9. No   Yes     9. No   Yes     9. No   Yes     9. No   Yes     10. Rearrance No.   FWA00005756     60. Federal Wide Assurance No.   FWA00005756     7. VERTEBRATE ANIMALS   No     9. No   Yes     7. VERTEBRATE ANIMALS   No     9. No   Yes     10. PROJECT/PERFORMANCE SITE(S)     7. VERTEBRATE ANIMALS   No     9. INVENTIONS AND PATENTS   No     9. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs		0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0						
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Ba. Research   If Exempt ('Yes' in Ga):   If Not Exempt ('No' in Ga):   D. Clinton Brown, MBA, CRA     Assoc. Vice President, Office of Sponsored Programs 319 West End Avenue,   Nashville, TN 37203-6856     6b. Federal Wide Assurance No.   FWA00005756   Tel: 615-875-6070   Fax: 615-343-2447     6c. NiH-Defined Phase III   E-MAIL: sponsoredprograms@vumc.org   In PROJECT/PERFORMANCE SITE(S)   Organizational Name: Vanderbilt University Medical Center     7. VERTEBRATE ANIMALS   No   Yes   Io. PROJECT/PERFORMANCE SITE(S)   Organizational Name: Vanderbilt University Medical Center     7b. Animal Welfare Assurance No.   DUNS: 079917897   Organizational Name: Vanderbilt University Medical Center     8a. DIRECT \$   8b. TOTAL \$   Street 1:   Ba.     9a. INVENTIONS AND PATENTS   No   Yes   Country:   Zip/Postal Code:     Congressional Districts:   TN-007   T1. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)   D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL: 615-875-6070   FAX: 615-343-2447   E-MAIL: sponsoredprograms@vumc.org     12. Corrections to Page 1 Face Page   SigNATURE OF OFFICIAL NAMED IN statements brein are true, complete and accurate to the bast of my knowledge, and accept the obligation to twich and anustrue penalidees.   SiGNATURE OF OFFICIAL	nasriville, Th							
Exempti   Ga): RB approval date   Assoc. Vice President, Office of Sponsored Programs 3319 West End Avenue, Nashville, TN 37203-6856     6b. Federal Wide Assurance No. FWA00005756   Fet: 615-875-6070   Fax: 615-343-2447     6c. NIH-Defined Phase III   E-MAIL: sponsoredprograms@vumc.org   Fet: 615-875-6070   Fax: 615-343-2447     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)   organizational Name: Vanderbilt University Medical Center     7b. Animal Welfare Assurance No.   DUNS: 079917897   Organizational Name: Vanderbilt University Medical Center     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:   8a. DIRECT \$   8b. TOTAL \$     9. INVENTIONS AND PATENTS   No   Yes   City:   County:     If "Yes,   Previously Reported   State:   Province:     D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs   TL: 615-875-6070   FAX: 615-343-2447     11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)   D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL:   615-875-6070   FAX: 615-343-2447   E-MAIL: sponsoredprograms@vumc.org     12. Corrections to Page 1 Face Page   11. (In ink)   DATE	6. HUMAN SUBJECT	5. NAME, TITLE AN	D ADDRE	SS OF ADMI	NISTRATIVE OF	ICIAL		
No   Yes   Exemption No.   IRB approval date   PASSOC. VICE Pressional, United Holyanits     319   West End Avenue, Nashville, TN 37203-6856   Safe Holyanue, Nashville, TN 37203-6856     6b. Federal Wide Assurance No.   FWA00005756   Tel: 615-875-6070   Fax: 615-343-2447     6c. NIH-Defined Phase III   Ino   Yes   Tel: 615-875-6070   Fax: 615-343-2447     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)   Organizational Name: Vanderbilt University Medical Center     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)   Organizational Name: Vanderbilt University Medical Center     7. A. Arriand Welfare Assurance No.   DUNS:   079917897   B. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:     8. ODSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 2:   Street 2:   Street 2:     9. INVENTIONS AND PATENTS   No   Yes   City:   County:     If "Yes,   Previously Reported   State:   Province:   County:     If "Yes,   Previously Reported   State:   Province:   County:     D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs@vumc.org   I. (anity: sponsoredprograms@vumc.org				Assoc. Vice President, Office of Sponsored Programs				
Nashville, TN 37203-6856     6b. Federal Wide Assurance No.   FWA00005756     6c. NiH-Defined Phase III   E-MAIL: sponsoredprograms@vumc.org     Clinical Trial   No   Yes     7. VERTEBRATE ANIMALS   No   Yes     7. If 'Yes,' IACUC approval Date   Organizational Name: Vanderbilt University Medical Center     7b. Animal Welfare Assurance No.   DUNS: 079917897     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:     8a. DIRECT \$   &b. TOTAL \$   Street 2:     9. INVENTIONS AND PATENTS   No   Yes   County:     If 'Yes,   Previously Reported   State:   Province:     Country:   Zip/Postal Code:   Country:   Zip/Postal Code:     Congressional Districts:   TN-007   TI.   NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ( <i>Item 13</i> )   D. Clinton Brown, MBA, CRA - Vice								
6c. NIH-Defined Phase III   Image: Clinical Trial   Image: No   Yes   E-MAIL: sponsoredprograms@vumc.org     7. VERTEBRATE ANIMALS   No   Yes   10. PROJECT/PERFORMANCE SITE(S)     7a. If "Yes," IACUC approval Date   Organizational Name: Vanderbilt University Medical Center     7b. Animal Welfare Assurance No.   DUNS: 079917897     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:     8a. DIRECT \$   &b. TOTAL \$     9. INVENTIONS AND PATENTS   No     Yes   Previously Reported     1f "Yes,"   Previously Reported     Not Previously Reported   State:     I1. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ( <i>Item 13</i> )     D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL: 615-875-6070   FAX: 615-343-2447     E-MAIL: sponsoredprograms@vumc.org     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 as a result of this applic				Nashville, TN 3	37203-68	356		
Clinical Trial   No   Yes     7. VERTEBRATE ANIMALS   No   Yes     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:     8a. DIRECT \$   8b. TOTAL \$   Street 2:     9. INVENTIONS AND PATENTS   No   Yes     If "Yes,   Previously Reported   State:   Province:     Country:   Country:   Zip/Postal Code:   Country:     11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ( <i>Item 13</i> )   D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL: 615-875-6070   FAX: 615-343-2447   E-MAIL: sponsoredprograms@vumc.org     12. Corrections to Page 1				Tel: 615-875-607	70	Fax:	615-343-244	7
7a. If "Yes," IACUC approval Date   Organizational Name: Vanderbilt University Medical Center     7b. Animal Welfare Assurance No.   DUNS: 079917897     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:     8a. DIRECT \$   &b. TOTAL \$     9. INVENTIONS AND PATENTS   No     Yes,   Previously Reported     If "Yes,"   Previously Reported     Not Previously Reported   State:     Previously Reported   State:     Not Previously Reported   Country:     Zip/Postal Code:   Country:     Congressional Districts:   TN-007     11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ( <i>Item 13</i> )     D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL: 615-875-6070   FAX: 615-343-2447     E-MAIL: sponsoredprograms@vumc.org     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 1 am aware that any false, fictibus, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		E-MAIL: sponsoredprograms@vumc.org						
7b. Animal Welfare Assurance No.   DUNS: 079917897     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:     8a. DIRECT \$   8b. TOTAL \$     9. INVENTIONS AND PATENTS   No     Yes,   Previously Reported     If "Yes,   Previously Reported     Not Previously Reported   State:     Previously Reported   State:     Country:   Zip/Postal Code:     Country:   Zip/Postal Code:     Congressional Districts:   TN-007     11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ( <i>Item 13</i> )     D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL: 615-875-6070   FAX: 615-343-2447     E-MAIL: sponsoredprograms@vumc.org     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. 1 am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalles.	7. VERTEBRATE AN	10. PROJECT/PERFORMANCE SITE(S)						
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1:     8a. DIRECT \$   8b. TOTAL \$   Street 2:     9. INVENTIONS AND PATENTS   No   Yes   City:   County:     If "Yes,   Previously Reported   State:   Province:   Country:     If "Yes,   Previously Reported   State:   Province:   Country:     I1. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)   D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL:   615-875-6070   FAX: 615-343-2447   E-MAIL: sponsoredprograms@vumc.org     12. Corrections to Page 1 Face Page   11. (In ink)   DATE	7a. If "Yes," IACUC a	Organizational Name: Vanderbilt University Medical Center						
8a. DIRECT \$   8b. TOTAL \$   Street 2:     9. INVENTIONS AND PATENTS   No   Yes     If "Yes,   Previously Reported   City:   County:     If "Yes,   Previously Reported   State:   Province:     Country:   Zip/Postal Code:   Country:   Zip/Postal Code:     Country:   Country:   Zip/Postal Code:   Country:     11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)   D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL:   615-875-6070   FAX: 615-343-2447   E-MAIL: sponsoredprograms@vumc.org     12. Corrections to Page 1 Face Page   Image: Signa country of this application. I and aware that any false, fictibus, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.   SIGNATURE OF OFFICIAL NAMED IN and country or claims may subject me to criminal, civil, or administrative penalties.   DATE	7b. Animal Welfare As	duns: 079917897						
9. INVENTIONS AND PATENTS   No   Yes   City:   County:     If "Yes,   Previously Reported   State:   Province:     Outry:   Zip/Postal Code:   Country:   Zip/Postal Code:     Congressional Districts:   TN-007     11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)   Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL:   615-875-6070   FAX:   615-343-2447   E-MAIL: sponsoredprograms@vumc.org     12. Corrections to Page 1 Face Page   SIGNATURE OF OFFICIAL NAMED IN 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, fictious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.   SIGNATURE OF OFFICIAL NAMED IN or administrative penalties.	8. COSTS REQUES	Street 1:						
If "Yes,   Previously Reported     Not Previously Reported   State:   Province:     Country:   Zip/Postal Code:     Congressional Districts:   TN-007     11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)   Congressional Districts:     D. Clinton Brown, MBA, CRA - Vice President, Office of Sponsored Programs     TEL:   615-875-6070     FAX:   615-343-2447     E-MAIL:   sponsoredprograms@vumc.org     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, fottious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.   SIGNATURE OF OFFICIAL NAMED IN 11. (In ink)	8a. DIRECT \$	Street 2:						
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