Application Information

Application Identifier: 262141
Application Project Title: This is the official title of the proposal (Limited to 200 characters including spaces and punctuation)
PD/PI Name: PI Last Name, PI First Name
Organization: Louisiana State University and A&M College
Project Period: 07/01/2018 - 06/30/2020
Status: Work In Progress
Status Date: 2018-01-29 03:43:29.000 PM EST

FOA Information:

FOA Information: PA-18-603
Opportunity Title: Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R01 Clinical Trial Optional)
Agency: National Institutes of Health
CFDA Number: FORMS-E
Competition IDs: FORMS-E
Competition Title: Use for due dates on or after January 25, 2018
Opportunity Open Date: 03/09/2018
Opportunity Close Date: 05/07/2021
Agency Contact: eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/

SAM Registration Expiration Date: 01/10/2019
An active SAM Registration is required to submit your application to the agency

Closing date should be after submission or will generate Grants.gov error.
Application Information

Tips:
- Complete this form first. Some information is forward populated to other forms.
- Multi-project applications - For the Overall component, complete the entire form. For other components, you will only be able to complete a subset of fields (Applicant Information, Type of Applicant optional, Descriptive Title of Applicant’s Project and Proposed Project Start/End Dates). Expand All will expose fields available for data entry.

1. **TYPE OF SUBMISSION**

   * Type of Submission
     - Pre-Application
     - Application
     - Changed/Corrected Application

2. **DATE SUBMITTED**

   Date Submitted
   Applicant Identifier

3. **DATE RECEIVED BY STATE**

   Date Received by State
   State Application Identifier

4. **A. FEDERAL IDENTIFIER / B. AGENCY ROUTING IDENTIFIER / C. PREVIOUS TRACKING IDENTIFIER**

   Federal Identifier
   Agency Routing Identifier
   Previous Grants.gov Tracking ID

5. **APPLICANT INFORMATION**

   * Organizational DUNS
     0750507650000
   * Legal Name
     Louisiana State University and A&M College
   * Department
     Office of Sponsored Programs
   * Division
   * Street 1
     202 Himes Hall
   * Street 2
   * City
     Baton Rouge
   * County/Parish
   * State
     Louisiana
   * Province
   * Country
     UNITED STATES
   * Zip/Postal Code
     708030001

*Continued on next page*
Person to be contacted on matters involving this application

Prefix: Mrs.
First Name: Daryn
Middle Name: 
Last Name: Courville
Suffix: 
Position/Title: Executive Director, Sponsored Programs
Street 1: 202 Humes Hall
Street 2: 
City: Baton Rouge
County/Parish: 
State: Louisiana
Country: UNITED STATES
Zip/Postal Code: 708030001
Phone Number: 225-578-2760
Fax Number: 225-578-2751
Email: osp@lsu.edu

### 6. *EMPLOYER IDENTIFICATION (EIN) or (TIN)*

* Employer Identification: 172400004BA1

### 7. *TYPE OF APPLICANT*

* Type of Applicant: U: Public/State Controlled Institution of Higher Education

**Other (specify)**

Small Business Organization Type: Women Owned, Socially and Economically Disadvantaged

### 8. *TYPE OF APPLICATION*

- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

If Revision, mark appropriate box(es).
- [ ] A. Increase Award
- [ ] B. Decrease Award
- [ ] C. Increase Duration
- [ ] D. Decrease Duration
- [ ] E. Other (specify)

* Is this application being submitted to other agencies?
  - [ ] Yes
  - [ ] No

### 9. *NAME OF FEDERAL AGENCY*

* Name of Federal Agency: National Institutes of Health

### 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER

Catalog of Federal Domestic Assistance Number
Title:

### 11. *DESCRIPTIVE TITLE OF APPLICANT'S PROJECT*

* Descriptive Title of Applicant's Project: This is the official title of the proposal (Limited to 200 characters including spaces and punctuation)

### 12. *PROPOSED PROJECT*

* Start Date: 07/01/2018
* Ending Date: 06/30/2020

### 13. *CONGRESSIONAL DISTRICT OF APPLICANT*

* Congressional District of Applicant (e.g., CA-012, outside the U.S. enter 00-000): LA-006

---

*Continued on next page*
13. *CONGRESSIONAL DISTRICT OF APPLICANT*

* Congressional District of Applicant
  (e.g. CA-012, outside the U.S. enter 00-000)
  LA 006

14. *PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION*

The PD/PI Contact Information on the SF 424 (R&R) Cover is populated from the PROFILE - Project Director/Principal Investigator on the Research and Related Senior/Key Person Profile (Expanded) form. If you wish to change these items, please do so on the Research and Related Senior/Key Person Profile (Expanded) form; you will not be able to edit the response here.

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Dr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>PI First Name</td>
</tr>
<tr>
<td>Middle Name</td>
<td>PI Middle Name</td>
</tr>
<tr>
<td>Last Name</td>
<td>PI Last Name</td>
</tr>
<tr>
<td>Suffix</td>
<td>PI Suffix</td>
</tr>
<tr>
<td>Position/Title</td>
<td>PI Title</td>
</tr>
<tr>
<td>Organization Name</td>
<td>LOUISIANA STATE UNIVERSITY A&amp;M COLLEGE</td>
</tr>
<tr>
<td>Department</td>
<td>PI Department</td>
</tr>
<tr>
<td>Division</td>
<td>PI Division</td>
</tr>
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<td>Street 2</td>
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<td>BATON ROUGE</td>
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<tr>
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</tr>
<tr>
<td>Province</td>
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<tr>
<td>Country</td>
<td>UNITED STATES</td>
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<tr>
<td>Zip/ Postal Code</td>
<td>708030001</td>
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<tr>
<td>Phone Number</td>
<td>PI Phone Number</td>
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<tr>
<td>Fax Number</td>
<td>PI Fax Number</td>
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<tr>
<td>Email</td>
<td><a href="mailto:PI_email@lsu.edu">PI_email@lsu.edu</a></td>
</tr>
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</table>

15. *ESTIMATED PROJECT FUNDING*

<p>| | |</p>
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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>a. Total Federal Funds Requested</td>
<td>400,000.00</td>
</tr>
<tr>
<td>b. Total Non-Federal Funds</td>
<td>0.00</td>
</tr>
<tr>
<td>c. Total Federal &amp; Non-Federal Funds</td>
<td>400,000.00</td>
</tr>
<tr>
<td>d. Estimated Program Income</td>
<td>0.00</td>
</tr>
</tbody>
</table>

*Continued on next page*
16. **APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

| a. Yes | ○ This pre-application/application was made available to the State Executive Order 12372 process for review on: Date |
| b. No | ○ Program is not covered by E.O. 12372; or ○ Program has not been selected by State for review |

17. By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms. If I accept an award, I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21, Section 1001)

- ☑ * I agree
- * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. **SFLLL (DISCLOSURE OF LOBBYING ACTIVITIES) OR OTHER EXPLANATORY DOCUMENTATION**

19. **AUTHORIZED REPRESENTATIVE**

| Prefix | Mrs. |
| First Name | Daryn |
| Middle Name |  |
| Last Name | Courville |
| Suffix |  |
| Position/Title | Executive Director, Sponsored Programs |
| Organization | Louisiana State University and A&M College |
| Department | Office of Sponsored Programs |
| Division |  |
| Street 1 | 202 Himes Hall |
| Street 2 |  |
| City | Baton Rouge |
| County/Parish |  |
| State | Louisiana |
| Province |  |
| Country | UNITED STATES |
| Zip/Postal Code | 708030001 |
| Phone Number | 225-578-2760 |
| Fax Number | 225-578-2751 |
| Email | osp@lsu.edu |
| Signature of Authorized Representative | Completed on submission to Grants.gov |
| * Date Signed | 01/29/2018 |

20. **PRE-APPLICATION**

Pre-application

21. **COVER LETTER ATTACHMENT**

Cover Letter Attachment
### 1. Vertebrate Animals Section

Are vertebrate animals euthanized?
- [ ] Yes
- [ ] No

If "Yes" to euthanasia:
- [ ] Yes
- [ ] No

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?
- [ ] Yes
- [ ] No

If "No" to AVMA guidelines, describe method and provide scientific justification.

---

### 2. Program Income Section

Is program income anticipated during the periods for which the grant support is requested?
- [ ] Yes
- [ ] No

If you checked "Yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

<table>
<thead>
<tr>
<th>Budget Period</th>
<th>Anticipated Amount ($)</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Human Embryonic Stem Cells Section

Does the proposed project involve human embryonic stem cells?
- [ ] Yes
- [ ] No

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/research/registry/](http://stemcells.nih.gov/research/registry/). Or, if a specific stem cell line cannot be referenced at this time, check the box indicating that one from the registry will be used.

- [ ] Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s): (Example: 0004)

### 4. Inventions and Patents Section (for Renewal applications)

Inventions and Patents
- [ ] Yes
- [ ] No

If "Yes" then answer the following:

- [ ] Previously Reported
  - [ ] Yes
  - [ ] No

### 5. Change of Investigator/Change of Institution Section

- [ ] Change of Project Director/Principal Investigator
  - Name of former Project Director/Principal Investigator
  - Prefix

- [ ] First Name
- [ ] Middle Name
- [ ] Last Name
- [ ] Suffix

- [ ] Change of Grantor Institution
  - Name of former Institution

---

**Tip:**
- Multi-project applications: In the Overall component, repeat any Human Embryonic Stem Cell lines from other components in the cell line table. For other components, enter Human Embryonic Stem Cells used for the component.

Must answer if animal research is involved. Will generate an eRA commons error if not done.
If exemption is "yes" must check exemption # box 6

If answer is "No" then you must enter IRB approval date and Human Subjects Assurance #. If "Yes" then you must enter Human Subject Assurance #. If not complete will generate eRA Commons error.

Will generate eRA Commons error if #2 is checked "Yes" and this is blank

If “Yes”, refer to instructions on how to label proprietary information

Limited to 30 lines of text. If exceed it will generate an eRA Commons error.

Limited to 2-3 sentences. If exceed it will generate an eRA Commons error.

All attachments must be in PDF. Use one space (not two or more) between words or characters. Avoid use of ampersand (&) in file name. File name should be 50 characters or less.
Application Information

All editable fields marked with * must be entered in order to Save this form. Please gather these data before beginning your data entry.

**Project/Performance Site Locations Summary**

**Project/Performance Site Location(s)**

**PerformanceSite v2.0**

- Enter 0 required fields

- Edit

- * Required field(s)

- I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization. **Do not check, it will generate eRA Commons error**

**Project Performance Site Primary Location**

- Populate from R&R Cover

- Organization Name: Louisiana State University and A&M College

- DUNS Number (e.g. 123456789 or 1234567891234): 0750507650000

- * Street 1: PI address

- Street 2

- * City: Baton Rouge

- County/Parish

- State: Louisiana

- Province

- * Country: UNITED STATES

- Zip/Postal Code: 708030001

- Project/Performance Site Congressional District (e.g. CA-012, outside the U.S. enter 00-000): LA-006

- OMB Number: 4040-0010

- Expiration Date: 10/31/2019

- Generates eRA Commons error if not entered
Do not check, it will generate eRA Commons error

Enter Subrecipient's DUNS #

Enter Subrecipient's congressional district

Example of what you see after you have entered all the information above and saved it.
PI eRA Commons username is required.

Click this after entering username to populate fields.

PI eRA Commons username is required.

*Continued on next page
If the degree does not match the PI's eRA Commons personal profile, this may generate eRA Commons warning.
If additional Senior/Key Personnel:

- **Organization name for all senior personnel is required**

- **The role of “Co-PI/Co-PD” is not appropriate for multi-PI submissions. Will generate eRA Commons warning. For multi-PI submission, use role of “PD/PI” and include eRA Commons username in Credential field. Also include Multiple PI Leadership Plan on PHS 398 Research Plan Form. When non-LSU PI’s are included, need email certifications from the non-LSU PI as required under NIH NOT-OD-06-054. We secure these certifications in SPS for LSU PI’s.**

- **Other Significant Contributors (OSC) should be listed with Project Role: Other (Specify) and Other Project Role Category: Other Significant Contributor OSC should be listed last after all Senior/Key Personnel.**

- **Bio Sketch is limited to 5 pages. If exceed it will generate an eRA Commons error.**
This should only be completed for Senior/Key Personnel and Other Significant Contributors. eRA Commons usernames can be included for everyone, but are only required for individuals with a role of PD/PI.

Effort greater than zero is required for ALL senior personnel per NIH guidelines. Fiscal year employee effort should be under Cal. Months. Academic year employee effort should be under Acad. and/or Sum Months. Generates eRA Commons error if effort is zero.

Make sure dates match SF 424 (R&R)
### B. Other Personnel

<table>
<thead>
<tr>
<th>Number of Personnel</th>
<th>Project Role</th>
<th>Months</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cal.</td>
<td>Acad.</td>
<td>Sum.</td>
<td>25,000.00</td>
</tr>
<tr>
<td>1 Post Doctoral Associates</td>
<td>12.00</td>
<td>0.00</td>
<td>0.00</td>
<td>35,000.00</td>
<td>15,400.00</td>
</tr>
<tr>
<td>2 Graduate Students</td>
<td>12.00</td>
<td>0.00</td>
<td>0.00</td>
<td>40,000.00</td>
<td>0.00</td>
</tr>
<tr>
<td>3 Undergraduate Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Secretarial/Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Total Number Other Personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Other Personnel</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Equipment Item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### C. Equipment Description

Nothing found to display.

### D. Travel

1. Domestic Travel Costs (incl. Canada, Mexico, and U.S. Possessions)  
   $ 2,000.00
2. Foreign Travel Costs  
   $ 2,000.00

Total Travel Costs  
$ 4,000.00

*Continued on next page*
Unless specifically stated in the FOA, NIH applicants should leave blank.

Check FOA for any program specific restrictions on total requested funds.

If Direct Costs less Consortium F&A are <$250k each year, then you should use the NIH Modular Budget and not this budget.

If Direct Costs less Consortium F&A are equal to or > $500,000 in any year of the project, PI must include prior approval from NIH in the Cover Letter attachment. NOT-OD-17-005

Total Direct Cost less equipment, tuition remission, participation support costs, and subawards in excess of $25,000 each.
To be used when Direct Cost less Consortium F&A are <$250k in each year.

Make sure dates match SF 424 (R&R)

Required for proposals that include subrecipients when the R&R Budget is used. Download subaward form and send to Subrecipient to complete & return. Then attach subaward form.

To add Modular Budget, click on Optional Forms in Left Menu.

If Direct Costs less consortium F&A is >$250k in any year of the project, then the R&R Budget should be used.

Only needed if the number of modules requested for each year varies.

Required for budgets with Subrecipients
Required for Resubmission applications only, limited to 1 page. Will generate eRA Commons error if not included.

Limited to 1 page. If exceeded it will generate eRA Commons error.

See FOA for page limitations. Will generate eRA Commons error if file exceeds pg. limit.

Required for Renewal applications

Attachment #5 is required if #2 on Research & Related Other Project Information Form is checked "yes". If it is not attached it will generate eRA Commons error.

Attachment #7 is only required if more than one individual is listed with Project Role of PD/PI on Research & Related Senior/Key Person Profile. Will generate an eRA Commons error if included for single PI submission or if not included for multi-PI submission. When non-LSU PI’s are included, need email certifications per NIH NOT-OD-06-54. We secure these certifications in SPS for LSU PI’s.

Limited to 1 page. Include if using key biological and/or chemical resources.

All attachments must be in PDF. Use one space (not two or more) between words or characters. Avoid use of ampersand (&) in the name. File name should be 50 characters or less.
Click “Edit” in order to add information to section.

Click to add new “Study Record” information.
The following pages show what populates when you click “Add New Study”.

If Yes to Human Subjects
Add a record for each proposed Human Subject Study by selecting ‘Add New Study’.
In some cases a study cannot have defined plans for human subject involvement per agency policies on Delayed Onset Studies. In these cases, select ‘Add New Delayed Onset Study’ to provide the study name and justification for omission of human subjects study information.

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.
The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved? Yes ☐ No ☐
Is the Project Exempt from Federal regulations? Yes ☐ No ☐
Exemption number: □1 □2 □3 □4 □5 □6 □7 □8

If Yes to Human Subjects
Add a record for each proposed Human Subject Study by selecting ‘Add New Study’.
In some cases a study cannot have defined plans for human subject involvement per agency policies on Delayed Onset Studies. In these cases, select ‘Add New Delayed Onset Study’ to provide the study name and justification for omission of human subjects study information.

Other Requested
Information

Study Record(s)
Attach human subject study records using unique filenames.

Add New Study  Download Study  Upload Study

Entry # | Study Title | Clinical Trial? | Action
Nothing found to display.

Delayed Onset Study(ies)
Add New Delayed Onset Study

Entry # | Study Title | Anticipated Clinical Trial? | Justification | Delete on Save | Add/Update Attachment | View Attachment
Nothing found to display.
**PHS Human Subjects and Clinical Trials Information - Study Record 1**

**PHS Human Subjects and Clinical Trials Information v1.0**

### SECTION 1 - BASIC INFORMATION

**1.1. Study Title (each study title must be unique)**

**1.2. Is this Study Exempt from Federal Regulations?**
- [ ] Yes
- [x] No

**1.3. Exemption Number**

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8

**1.4. Clinical Trial Questionnaire**

If the answers to all four questions below are yes, this study meets the definition of a Clinical Trial.

1.4.a. Does the study involve human participants?  
- [ ] Yes  
- [x] No

1.4.b. Are the participants prospectively assigned to an intervention?  
- [ ] Yes  
- [x] No

1.4.c. Is the study designed to evaluate the effect of the intervention on the participants?  
- [ ] Yes  
- [x] No

1.4.d. Is the effect that will be evaluated a health-related biomedical or behavioral outcome?  
- [ ] Yes  
- [x] No

1.5. Provide the ClinicalTrials.gov Identifier (e.g., NCT87654321) for this trial, if applicable

Click the Populate button to retrieve data from ClinicalTrials.gov registration once Identifier is entered.

[Populate]
### 2.1. Conditions or Focus of Study

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing found to display</td>
</tr>
</tbody>
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#### 2.2. Eligibility Criteria

Enter up to 15000 characters

---

### 2.3. Age Limits

<table>
<thead>
<tr>
<th>Minimum Age</th>
<th>Maximum Age</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2.4. Inclusion of Women, Minorities, and Children

Add Attachment | Delete Attachment | View Attachment

### 2.5. Recruitment and Retention Plan

Add Attachment | Delete Attachment | View Attachment

### 2.6. Recruitment Status

<p>| |</p>
<table>
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<tr>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### 2.7. Study Timeline

Add Attachment | Delete Attachment | View Attachment

### 2.8. Enrollment of First Subject

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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#### Inclusion Enrollment Report(s)

Add New Inclusion Enrollment Report

<table>
<thead>
<tr>
<th>Entry #</th>
<th>Enrollment Location Type</th>
<th>Enrollment Location</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nothing found to display.

---

Click to add new "New Inclusion Enrollment Report" information. The following pages show what populates when you click this button.
**Inclusion Enrollment Report 1**

**PHS Human Subjects and Clinical Trials Information v1.0**

1. Using an Existing Dataset or Resource
   - Yes
   - No

2. Enrollment Location Type
   - Domestic
   - Foreign

3. Enrollment Country(ies)
   - None selected

4. Enrollment Location(s)
   - Enter up to 255 characters
   - Characters Remaining: 255

5. Comments
   - Enter up to 500 characters
   - Characters Remaining: 500

### Planned

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<thead>
<tr>
<th>Racial Categories</th>
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</thead>
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<td>Female</td>
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<tr>
<td>American Indian/Alaska Native</td>
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</tr>
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<td>Asian</td>
<td></td>
<td></td>
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<td>Native Hawaiian or Other Pacific Islander</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than One Race</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
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<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Click “Save and Add” once you have completed this section. Once then saved and added you can finish the “Study Record” information.
Click "Save and Add" once you have completed this section.
Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

- Are Human Subjects Involved? ☐ Yes ☐ No
- Is the Project Exempt from Federal regulations? ☐ Yes ☐ No
- Exemption number: [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8

If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting 'Add New Study'.

In some cases a study cannot have defined plans for human subject involvement per agency policies on Delayed Onset Studies. In these cases, select 'Add New Delayed Onset Study' to provide the study name and justification for omission of human subjects study information.

Study Record(s)

Attach human subject study records using unique filenames.

<table>
<thead>
<tr>
<th>Entry #</th>
<th>Study Title</th>
<th>Clinical Trial?</th>
<th>Action</th>
</tr>
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<tbody>
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</table>

Delayed Onset Study(ies)

[Click to add a Delayed Onset Study(ies).]

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<tr>
<th>Entry #</th>
<th>Study Title</th>
<th>Anticipated Clinical Trial?</th>
<th>Justification</th>
<th>Delete on Save</th>
<th>Add/Update Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
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Nothing found to display.
### Delayed Onset Study(ies)

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**Buttons:**
- Save and Keep Lock
- Save and Release Lock
- Cancel and Release Lock