7b. Animal Welfare Assurance No. D16-00239     DUNS:161202122     UEI: LCLSJAGTNZQ7       8. COSTS REQUESTED FOR NEXT BUDGET PERIOD     Street 1: 21 N. Park Street       8a. DIRECT \$     8b. TOTAL \$     Street 2: Suite 6301       9. INVENTIONS AND PATENTS     No     Yes       If "Yes,     Previously Reported Not Previously Reported     City: Madison     County: Dane       If "Yes,     Previously Reported Not Previously Reported     State: Wisconsin     Province:       Country:     United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13) Brenda Egan, Managing Officer     E-MAIL: preaward@rsp.wisc.edu       TEL:     608-262-3822     FAX: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu       12. Corrections to Page 1 Face Page     Image: Country in previous in 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	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       From: Through:         1. TITLE OF PROJECT       From: Through:         2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (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. Tel: G88-262-3822       Fax: 608-262-5111         3a. APPLICANT ORGANIZATION (Name and address, street, city, state, 2p code)       3b. Tel: G88-262-3822       Fax: 608-262-5111         3c. DUNS: 161202122       UE: LCLS.JAGTNZQ7				Total Project Period	1				
Instruction       Prom:       Through:         1. TITLE OF PROJECT       2a. PROGRAM DIRECTOR PRINCIPAL INVESTIGATOR (Name and address. street. city. state. 2p code)       2b. E-MAIL ADDRESS         2a. PROGRAM DIRECTOR PRINCIPAL INVESTIGATOR (Name and address. street. city. state. 2p code)       2b. E-MAIL ADDRESS         3a. APPLICANT ORGANIZATION (Name and address. street. city. state. 2p code)       2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT         2d. MAUOR SUBDIVISION       2e. Tel:       Fax: 608-282-5111         3b. Tel: 608-262-3822       Fax: 608-282-5111         3c. DUNS: 161202122       UEI: LCLSJAGTNZQ7         Research and Sponsored Programs 21 N. Park Street. Suite 6301       Mather Mission, Wilson Mission, Wilso	Cront	Requested Budget Period							
1. TITLE OF PROJECT       2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, steet, olly, stale, 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, dity, stale, zip code)       The Board of Regensis of the University of Wisconsin System University of Wisconsin-Madison Research and Sponsored Programs 21 N. Park Street       21 N. Park Street     Statemption No.       4. ENTITY IDENTIFICATION NUMBER 1980006492A1       6. HUMAN SUBJECTS     No       7. Breit Street Solo       6. Federal Wide Assurance No. FWA000005399       7. F. Federal Wide Assurance No. FWA000005399       7. VERTEBRATE NIMMLS     No       7. VERTEBRATE NIMMLS     No       7. VERTEBRATE NIMMLS     No       7. VERTEBRATE NIMMLS     No       7. Animal Welfare Assurance No. D16-00239     DUNS: 161202122       8. DIGET S EDIDECT PERIOD     Street 1: 21 N. Park Street       8. DIGET S REQUESTED FOR NEXT BUDGET PER	Grant								
2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, sited, city, state, zip code)     2b. E-MAIL ADDRESS       2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT     2d. MAJOR SUBDIVISION       2a. Tel:     Fax:       3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)     3b. Tel: 606-262-3822     Fax: 608-262-5111       3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)     3b. Tel: 606-262-3822     Fax: 608-262-5111       3c. DUNS: 161202122     UEI: LCLSJAGTNZQ7       Research and Sponsored Programs 21 N. Park Street, Suite 6301     4. ENTITY IDENTIFICATION NUMBER 1396006492A1       6. HUMAN SUBJECTS     Yes       7. Verst Exemption No.     Yes       6. Research and Mide Assurance No. PWAI00005399     5. NAME: TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Brenda Egan, Managing Officer       7. Verst EBRATE ANIMALS     No       7. Verst FBRATE ANIMALS     No       7. Verst FBRATE ANIMALS     No       8. DIRECT \$     (b. TOTAL \$       9. INVENTIONS AND PATENTS     No									
(Name and address, street, city, state, zip code)     2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT       2d. MAJOR SUBDIVISION     2c. Tel:     Fax:       3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)     3b. Tel: 608-262-3822     Fax:       The Board of Regents of the University of Wisconsin System University of Wisconsin-Madiation Research and Sponsored Programs 21 N. Park BSponsored Programs 21 N. Park BSponsored Programs 21 N. Park BSponsored Programs 21 N. Park BSponsored Programs 21 N. Park BSPONSORE Programs 21 N. Park Street, Stute S301 Madiason, WIS 3115-1218     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Brenda Egan, Managing Officer Research and Sponsored Programs 21 N. Park Street, Stute S301 Madiason, WIS 3115-1218     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Brenda Egan, Managing Officer Research and Sponsored Programs 21 N. Park Street, Stute S301 Madiason, WIS 3115-1218     Fax: 608-262-5111       60. Flederal Wide Assurance No. FWA00005399     Tel: 608-262-3822     Fax: 608-262-5111       7. VERTEBRATE ANIMALS     No     Yes     10. PROJECT/PERFORMANCE SITE(S)     Fax: 608-262-5111       7. L'ERTEBRATE ANIMALS     No     Yes     10. PROJECT/PERFORMANCE SITE(S)     Organizational Name: The Board of Regents of the University of Wisconsin System 71. 20 Mission     Quinty: United States     ZipPostal Code: 53715-1218       60. INVENTIONS AND PATENTS <td>1. TITLE OF PROJE</td> <td>СТ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1. TITLE OF PROJE	СТ							
2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT     2d. MAJOR SUBDIVISION     2e. Tel:   Fax:     3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)   The Board of Regents of the University of Wisconsin System University of Wisconsin-Madison Research and Sponsored Programs   3b. Tel: 608-262-3822   Fax: 608-262-5111     3b. Tel: solar of Regents of the University of Wisconsin System University of Wisconsin-Madison   3c. DUNS: 161202122   UEI: LCLS JAGTNZQ7     4. ENTITY IDENTIFICATION NUMBER   fas: 688-262-5111   3c. DUNS: 161202122   UEI: LCLS JAGTNZQ7     6. HUMAIN SUBJECTS   No   Yes   Sreader fas: 688-262-5111   3c. DUNS: 161202122     6. HUMAIN SUBJECTS   No   Yes   Sreader fas: 788-788-788   3c. DUNS: 161202122   Fax: 608-262-5111     7. VERTERATE ANIMALS   No   Yes   Yes   Tel: 608-262-3822   Fax: 608-262-5111     6. NHU-Define Phase III   EMAIL: preaward@rsp.wisc.edu   Madison, WI 53715-1218   Tel: 608-262-3822   Fax: 608-262-5111     7. VERTERATE ANIMALS   No   Yes   Yes   Tel: 608-262-3822   Fax: 608-262-5111     7. VERTERATE ANIMALS   No   Yes   Yes   Yes   Yes     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1: 21 N. Park Street   Street 2: Suite 6301     9. INVENTIONS AND PATENTS   No   Yes		2b. E-MAIL ADDRES	SS						
2d. MAJOR SUBDIVISION   2a. Tel:   Fax:     3a. APPLICANT ORGANIZATION (Name and address street, oly, state, zip code) The Board of Regents of the University of Wisconsin System University of Wisconsin-Madison   3b. Tel: 608-262-3822   Fax: 608-262-5111     3c. DUNS: 161202122   UEI: LCLSJAGTNZQ7     Madison, W1 Systeet, Sule 6301   4. ENTITY IDENTIFICATION NUMBER     3dadison, W1 Systeet, Sule 6301   4. ENTITY IDENTIFICATION NUMBER     3dadison, W1 Systeet, Sule 6301   4. ENTITY IDENTIFICATION NUMBER     3dadison, W1 Systeet, Sule 6301   5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL     Brenda Egan, Managing Officer   Research and Sognosced Programs 21 N. Park Street, Sule 6301     Brenda Egan, Managing Officer   Research and Sognosced Programs 21 N. Park Street, Sule 6301     Brenda Egan, Managing Officer   Fax: 608-262-5111     Cinical Trial   No   Yes     7. VERTEBRATE ANIMALS   No   Yes     7. Animal Welfare Assurance No. D16-00239   Street 1: 21 N. Park Street     8. DIRECT \$   Bb. TOTAL \$   Street 1: 21 N. Park Street     8. DIRECT \$   Bb. TOTAL \$   Street 1: 21 N. Park Street     9. INVENTIONS AND PATENTS   No   Yes	(Name and addres								
2e. Tel:   Fax:     3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) The Board of Regents of the University of Wisconsin System University of Wisconsin Addison Research and Sponsored Programs 21 N. Park Street, Suite Sol 1   3b. Tel: 606-262-3822   Fax: 608-262-5111     3c. DUNS: 161202122   UEI: LCLSJAGTNZQ7     4. ENTITY IDENTIFICATION NUMBER Madison, WI 53715-1218   4. ENTITY IDENTIFICATION NUMBER 1396006492A1     6. HUMAN SUBJECTS   No   Yes     6. HUMAN SUBJECT   No   Yes     6. HUMAN SUBJECTS   No   Yes     7. VERTEBRATE ANIMALS   No   Yes     7. VERTEBRATE ANIMALS   No   Yes     7. VERTEBRATE ANIMALS   No   Yes     7. Animal Welfare Assurance No. D16-00239   DuNs: 161202122   UEI: LCLSJAGTNZQ7     8. COSTS REQUESTED FOR NEXT BUDGET PERIOD   Street 1: 21 N. Park Street     8. DIRECT \$   (b). TOTAL \$   Street 2: Suite 6301     9. INVENTIONS AND PATENTS   No   Yes     If 'Yes, Previously Reported   Cuty: United States   Zip/Postal Code: 53715-1218 <tr< td=""><td></td><td></td><td></td><td>20. DEPARTMENT,</td><td>SERVICE</td><td>, LADURATC</td><td>IRT, UR EQUIVAL</td><td></td></tr<>				20. DEPARTMENT,	SERVICE	, LADURATC	IRT, UR EQUIVAL		
3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)     3b. Tel: 608-262-3822     Fax: 608-262-6111       The Board of Regents of the University of Wisconsin System Research and Sponsored Programs 21 N. Park Street, Suite 6301     3b. Tel: 608-262-3822     Fax: 608-262-6111       S. NUME: TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Bas Research and Sponsored Programs 21 N. Park Street, Suite 6301     4. ENTITY IDENTIFICATION NUMBER 1396006492A1       S. Research and Sponsored Programs 21 N. Park Street, Suite 6301     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Brenda Egan, Managing Officer Research and Sponsored Programs 21 N. Park Street, Suite 6301       Sb. Federal Wide Assurance No. FWA00005399     Tel: 608-262-3822     Fax: 608-262-5111       Sc. NIH-Defined Phase III     E-MAIL: preaward@rsp.wisc.edu       Clinical Trial     No     Yes       7. VERTEBRATE ANIMALS     No     Yes       7. Animal Welfare Assurance No. D16-00239     10. PROJECT/PERFORMANCE SITE(S)       7. Animal Welfare Assurance No. D16-00239     Street 1: 21 N. Park Street       8a. DIRECT \$     8b. TOTAL \$       9. INVENTIONS AND PATENTS     Yes       11' Yes, Previously Reported Not Previously Reported     Yes       11' NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ( <i>Item 13</i> )       Brenda Egan, Managing Officer       TEL:     608-262-382				2d. MAJOR SUBDIV	ISION				
(Name and address, street, city, state, zip code)       The Board of Regents of He University of Wisconsin System       Nerseit of address, street, city, state, zip code)       Research and Sponsord Programs       21 N. Park Street, Suile 6301       Madison, WI 53715-1218       6. HUMAN SUBJECTS     No       Yes     Fit No       6. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL       Brenda Egan, Managing Officer       City: Madison, WI 53715-1218       Costs REQUESTED FOR NEXT BUDGET PERIOD       Street 1: 21 N. Park Street       Ba. DRECT \$     Bb. TOTAL \$       Street 1: 21 N. Park Street       Ba. DIRECT \$     Bb. TOTAL \$       Street 2: Suite 6301     Province:       Country: United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002 <td></td> <td colspan="5">2e. Tel: Fax:</td>		2e. Tel: Fax:							
The Board of Regents of the University of Wisconsin Addison     3c. DUNS: 161202122     UE: LCLSJAGTNZQ7       Addison, Wisconsin-Madison     4. ENTITY IDENTIFICATION NUMBER     3c. DUNS: 161202122     UE: LCLSJAGTNZQ7       4. ENTITY IDENTIFICATION NUMBER     1396006492A1     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL       6. HUMAN SUBJECTS     No     Yes     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL       6. Research     If Exempt (Yes' in If Not Exempt ('No' in If 6a):     11. Name, Annaging Officer     Feered Egan, Managing Officer       6. Federal Wide Assurance No. FWA00005399     Te: 608-262-3822     Fax: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu       7. VERTEBRATE ANIMALS     No     Yes     10. PROJECT/PERFORMANCE SITE(S)     0rganizational Name: The Board of Regents of the University of Wisconsin Sys       7. Li "Yes, 'LCUC approval Date     Organizational Name: The Board of Regents of the University of Wisconsin Sys     Street 1: 21 N. Park Street       8. DIRECT \$     8b. TOTAL \$     Street 2: Suite 6301     9.       9. INVENTIONS AND PATENTS     Yes     Courty: United States     Zip/Postal Code: 53715-1218       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Hem 13)     E-MAIL: preaward@rsp.wisc.edu     12.       12. Corrections to Page 1 Face Page     FAX: 608-262-5111 <t< td=""><td></td><td colspan="5">3b. Tel: 608-262-3822 Fax: 608-262-5111</td></t<>		3b. Tel: 608-262-3822 Fax: 608-262-5111							
University of Wisconsin-Madison Research and Sponsored Programs 21 N. Park Street, Suite 6301 Madison, WI 53715-1218 6. HUMAN SUBJECTS No Yes Ga. Research Mill Exempt ("Yes" in Ba: Exemption No. No Yes Exemption No. No Yes Exemption No. No Yes Fax: 608-262-3822 7. VERTEBRATE ANIMALS No Yes Cinical Trial No Yes 7. VERTEBRATE ANIMALS No Yes 7. VERTEBRATE ANIMALS No Yes 7. VERTEBRATE ANIMALS No Yes 7. VERTEBRATE ANIMALS No Yes 7. Animal Welfare Assurance No. D16-00239 7. Animal Welfare Assurance No. D16-00239 7. Animal Welfare Assurance No. D16-00239 7. INVENTIONS AND PATENTS No Yes 7. INVENTIONS AND PATENTS PARENCE Country: United States 7. INVENTIONS AND PATENTS PARENCE PARENCE VIEW COUNT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the Statements breen are true, complete and accurate to the best of my knowledge, and accurate is the best of my knowledge, and accurate of all accurate to chains any stable the bost of my knowledge, and accurate of all accurate to chains a									
21 N. Park Street, Stude 6301 Madison, WI 53715-1218     4. ENTITY IDENTIFICATION NUMBER 1396006492A1       6. HUMAN SUBJECTS 6. Research No     No     Yes Street, Street, Stude 6301 (RB approval date     5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Brenda Egan, Managing Officer Research and Sponsored Programs 21 N. Park Street, Stude 6301 Madison, WI 53715-1218       6b. Federal Wide Assurance No. FWA00005399     Tel: 608-262-3822     Fax: 608-262-5111       6c. NH-Defined Phase III     E-MAIL: preaward@rsp.wisc.edu       Clinical Trial 7. VERTEBRATE ANIMALS 7. VERTEBRATE ANIMALS 7. VERTEBRATE ANIMALS 7. Animal Welfare Assurance No. D16-00239     Yes DuNS:161202122     Tel: CLSJAGTNZQ7       8. COSTS REQUESTED FOR NEXT BUDGET PERIOD 8a. DIRECT \$     8b. TOTAL \$     Street 1: 21 N. Park Street Street 2: Suite 6301       9. INVENTIONS AND PATENTS No     Yes Tel: 608-262-3822     County: Dane       1f 'Yes, Previously Reported     State: Wisconsin Not Previously Reported     State: Wisconsin Province: County: United States     Zip/Postal Code: 53715-1218       Corgerssional Districts: 812: 608-262-3822     FAX: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ( <i>Item 13</i> ) Brenda Egan, Managing Officer     FAX: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu       12. Corrections to Page 1 Face Page     FAX: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu     DATE <tr< td=""><td></td><td colspan="5"></td></tr<>									
Ba. Research Exempt     If Exempt ('Yes' in Ga):     If Not Exempt ('No' in Ga):     Brenda Egan, Managing Officer       Research and Sponsored Programs     21 N. Park Street, Suite 6301     Madison, WI 53715-1218       Bb. Federal Wide Assurance No. FWA00005399     Tel: 608-262-3822     Fax: 608-262-5111       6c. NIH-Defined Phase III     E-MAIL: preaward@rsp.wisc.edu     E-MAIL: preaward@rsp.wisc.edu       7. VERTEBRATE ANIMALS     No     Yes     10. PROJECT/PERFORMANCE SITE(S)       7a. If "Yes," IACUC approval Date     Organizational Name: The Board of Regents of the University of Wisconsin Sys       7b. Animal Welfare Assurance No. D16-00239     DUNS:161202122     UEI: LCLSJAGTNZQ7       8. COSTS REQUESTED FOR NEXT BUDGET PERIOD     Street 1: 21 N. Park Street       8. DIRECT \$     @b. TOTAL \$     Street 2: Suite 6301       9. INVENTIONS AND PATENTS     No     Yes       T1     Not Previously Reported     State: Wisconsin     Province:       Congressional Districts:     WI-002       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION ( <i>Item 13</i> )     Brenda Egan, Managing Officer       TEL:     608-262-3811     E-MAIL: preaward@rsp.wisc.edu       12. Corrections to Page 1 Face Page     FAX: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu	21 N. Park Street,								
Exempti No     Ba): Exemption No.     Ba): Responsed Programs 21 N. Park Street Suite 6301 Madison, W1 53715-1218       6b. Federal Wide Assurance No. FWA00005399     Tel: 608-262-3822     Fax: 608-262-5111       6c. NIH-Defined Phase III     E-MAIL: preaward@rsp.wisc.edu       Clinical Trial     No     Yes       7. VERTEBRATE ANIMALS     No     Yes       7. VERTEBRATE ANIMALS     No     Yes       7. VERTEBRATE ANIMALS     No     Yes       7. A If "Yes," IACUC approval Date     Organizational Name: The Board of Regents of the University of Wisconsin Sys       7b. Animal Welfare Assurance No. D16-00239     DUNS:161202122     UEI: LCLSJAGTNZQ7       8. COSTS REQUESTED FOR NEXT BUDGET PERIOD     Street 1: 21 N. Park Street     Street 2: Suite 6301       9. INVENTIONS AND PATENTS     No     Yes     City: Madison     County: Dane       If "Yes,     Previously Reported     State: Wisconsin     Province:       Congressional Districts:     WI-002     Contry: United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002     Tel: 608-262-3822     FAX: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu       12. Corrections to Page 1 Face Page     FAX: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu     11. (									
No     Yes     Exemption No.     IRB approval date     In Park Street, Suite 6301 Madison, WI 53715-1218       6b. Federal Wide Assurance No. FWA00005399     Tel: 608-262-3822     Fax: 608-262-5111       6c. NIH-Defined Phase III     E-MAIL: preaward@rsp.wisc.edu       Clinical Trial     No     Yes       7. VERTEBRATE ANIMALS     No     Yes       7. Animal Welfare Assurance No. D16-00239     DUNS:161202122     UEI: LCLSJAGTNZQ7       8. COSTS REQUESTED FOR NEXT BUDGET PERIOD     Street 1: 21 N. Park Street     Ba       8a. DIRECT \$     8b. TOTAL \$     Street 2: Suite 6301     Province:       9. INVENTIONS AND PATENTS     No     Yes     City: Madison     County: Dane       If "Yes,     Previously Reported     State: Wisconsin     Province:     Country: United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002     TI. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)     Brenda Egan, Managing Officer       TEL:     608-262-3822 <td></td> <td></td> <td></td> <td colspan="5"></td>									
6c. NIH-Defined Phase III     E-MAIL: preaward@rsp.wisc.edu       6c. NIH-Defined Phase III     E-MAIL: preaward@rsp.wisc.edu       7. VERTEBRATE ANIMALS     No       8. COSTS REQUESTED FOR NEXT BUDGET PERIOD     Street 1: 21 N. Park Street       8a. DIRECT \$     @b. TOTAL \$       9. INVENTIONS AND PATENTS     No       9. INVENTIONS AND PATENTS				21 N. Park Stree	et, Suite 63	0			
Clinical Trial     No     Yes       7. VERTEBRATE ANIMALS     No     Yes       7. Animal Welfare Assurance No. D16-00239     Organizational Name: The Board of Regents of the University of Wisconsin Sys       7b. Animal Welfare Assurance No. D16-00239     DUNS:161202122     UEI: LCLSJAGTNZQ7       8. COSTS REQUESTED FOR NEXT BUDGET PERIOD     Street 1: 21 N. Park Street     State: Visconsin       8. DIRECT \$     8b. TOTAL \$     Street 2: Suite 6301     Ounty: Dane       9. INVENTIONS AND PATENTS     No     Yes     City: Madison     County: Dane       If "Yes,     Previously Reported     State: Wisconsin     Province:     County: United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002     TIL. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)     Brenda Egan, Managing Officer       TEL	6b. Federal Wide Ass	Tel: 608-262-3822 Fax: 608-262-5111							
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7b. Animal Welfare Assurance No. D16-00239     DUNS:161202122     UEI: LCLSJAGTNZQ7       8. COSTS REQUESTED FOR NEXT BUDGET PERIOD     Street 1: 21 N. Park Street       8a. DIRECT \$     8b. TOTAL \$     Street 2: Suite 6301       9. INVENTIONS AND PATENTS     No     Yes       If "Yes, Previously Reported Not Previously Reported     State: Wisconsin     Province:       Country: United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13) Brenda Egan, Managing Officer     FAX: 608-262-5111       TEL:     608-262-3822     FAX: 608-262-5111     E-MAIL: preaward@rsp.wisc.edu       12. Corrections to Page 1 Face Page     11. (In ink)     DATE	7. VERTEBRATE AN	10. PROJECT/PERFORMANCE SITE(S)							
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD     Street 1: 21 N. Park Street       8a. DIRECT \$     8b. TOTAL \$       9. INVENTIONS AND PATENTS     No       Yes,     Previously Reported       Not Previously Reported     State: Wisconsin       Country:     United States       Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)       Brenda Egan, Managing Officer       TEL:     608-262-3822       FAX:     608-262-5111       E-MAIL:     preaward@rsp.wisc.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. 1 an aware that any false, fictitious, or fraudulent statements or claims may subject the to criminal, civil, or administrative penalties.	7a. If "Yes," IACUC a	Organizational Name: The Board of Regents of the University of Wisconsin System							
8a. DIRECT \$     8b. TOTAL \$     Street 2: Suite 6301       9. INVENTIONS AND PATENTS     No     Yes     City: Madison     County: Dane       If "Yes,     Previously Reported     State: Wisconsin     Province:       Not Previously Reported     Country: United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)     Brenda Egan, Managing Officer       TEL:     608-262-3822     FAX:     608-262-5111     E-MAIL: preaward@rsp.wisc.edu       12. Corrections to Page 1 Face Page     SIGNATURE OF OFFICIAL NAMED IN obligation to complete and accurate to the best of my knowledge, and accept the obligation to complete materia are true, complete and accurate to the best of my knowledge, and accept the obligation to complete the theter statements or claims may subject me to criminal, civil, or administrative penalties.     SIGNATURE OF OFFICIAL NAMED IN and accurate to the best of my knowledge as a result of this application. I am aware that any false, fictilious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.     SIGNATURE OF OFFICIAL NAMED IN and accurate to claims	7b. Animal Welfare As	DUNS:161202122 UEI: LCLSJAGTNZQ7							
9. INVENTIONS AND PATENTS     No     Yes     City: Madison     County: Dane       If "Yes,     Previously Reported     State: Wisconsin     Province:       Not Previously Reported     Country: United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)       Brenda Egan, Managing Officer       TEL:     608-262-3822       FAX:     608-262-5111       I2. Corrections to Page 1 Face Page       I3. 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.	8. COSTS REQUES	Street 1: 21 N. Park Street							
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In Test, and Previously Reported     Country: United States     Zip/Postal Code: 53715-1218       Country: United States     Country: United States     Zip/Postal Code: 53715-1218       Congressional Districts:     WI-002       11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13) Brenda Egan, Managing Officer     FAX: 608-262-5111       TEL:     608-262-3822     FAX: 608-262-5111       I2. Corrections to Page 1 Face Page     E-MAIL: preaward@rsp.wisc.edu       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)	9. INVENTIONS AND	City: Madison			County: Dane				
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