Form Approved Through 02/28/2023

Department of Health and Human Services Public Health Services				Review Group	Туре	Activity	Grant Number		
	1 ubile 1 lean		,	Total Project Period	ł				
Grant Progress Report				From: Through: Requested Budget Period					
									From: Through:
				1. TITLE OF PROJEC	СТ				
2a. PROGRAM DIREC (Name and addres		2b. E-MAIL ADDRE	SS						
(				2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT					
				,					
				2d. MAJOR SUBDIVISION					
				Skaggs Schoo 2e. Tel:	ol of Pha	rmacy an Fax		tical Sciences	
3a. APPLICANT ORGANIZATION				3b. Tel:		Fax	<b>k</b> :		
(Name and address, street, city, state, zip code)				3c. DUNS:					
				4. ENTITY IDENTIFICATION NUMBER					
6. HUMAN SUBJECTS No Yes				5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL					
6a. Research Exempt No Yes	lf Exempt ("ነ 6a): Exemption N		If Not Exempt ("No" in 6a): IRB approval date						
6b. Federal Wide Assurance No.				Tel:		Fax	K:		
6c. NIH-Defined Phase III Clinical Trial No Yes				E-MAIL:					
7. VERTEBRATE ANIMALS No Yes				10. PROJECT/PERFORMANCE SITE(S)					
7a. If "Yes," IACUC approval Date				Organizational Name:					
7b. Animal Welfare Assurance No.				DUNS:					
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD				Street 1:					
8a. DIRECT \$ 8b. TOTAL \$				Street 2:					
9. INVENTIONS AND PATENTS No Yes				City:		Co	County:		
If "Yes, Previously Reported Not Previously Reported				State:	Province:				
				Country: Zip/Postal Code:					
				Congressional Districts:					
11. NAME AND TITLE		AL SIGNIN	IG FOR APPLICANT C	RGANIZATION (Iter	m 13)				
TEL: FAX:			E-MAIL: vchsgrants@health.ucsd.edu						
12. Corrections to Pag	e 1 Face Pag	je					<u> </u>		
statements herein are obligation to comply w	e true, complete vith Public Heal on. I am aware	e and accur Ith Services that any fa	ATION AND ACCEPTA ate to the best of my know terms and conditions if a lse, fictitious, or fraudulent e penalties.	ledge, and accept the grant is awarded as a	SIGNATUI 11. <i>(In ink</i>		CIAL NAMED IN	DATE	
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