

DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE
NOTICE OF INTRAMURAL RESEARCH PROJECT

PROJECT NUMBER

PERIOD COVERED

TITLE OF PROJECT *(80 characters or less. Title must fit on one line between the borders.)*

PRINCIPAL INVESTIGATOR *(List other professional personnel below the Principal Investigator.) (Name, title, laboratory and Institute affiliation)*

PI:

Others:

COOPERATING UNITS *(if any)*

LAB/BRANCH

SECTION

INSTITUTE AND LOCATION

TOTAL STAFF-YEARS:

PROFESSIONAL:

OTHER:

CHECK APPROPRIATE BOX(ES)

(a) Human subjects

(b) Human tissues

(c) Neither

(a1) Minors

(a2) Interviews

SUMMARY OF WORK *(Use standard unreduced type. Do not exceed the space provided.)*