

# THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

## REVIEW AND APPROVAL FORM ADDENDUM

This R&A form addendum must be completed and certified by the Principal Investigator (PI) for NIH continuations/progress reports and other requests that do not require the UTHSC-H internal Review and Approval Form.

PRINCIPAL INVESTIGATOR: _____		
DEPARTMENT: _____		COMMITTED (%) EFFORT ON CURRENT PROJECT: _____
SCHOOL: _____	PHONE : _____	COMMITTED (%) EFFORT ON PROPOSED PROJECT: _____
PROJECT TITLE: _____		
PROPOSED EFFECTIVE DATE: _____	DURATION : _____	TOTAL COSTS: _____
TYPE OF ACTION: (check one type) <input type="checkbox"/> Continuation/Progress Report <input type="checkbox"/> Supplement <input type="checkbox"/> No-Cost Extension <input type="checkbox"/> Other		
CURRENT FMS NUMBER: _____		CURRENT GRANT NUMBER: _____
SPONSOR/AGENCY: _____		
DUE DATE: _____	A&F CONTACT: _____	
ASSURANCES? <input type="checkbox"/> YES <input type="checkbox"/> NO ADULT STEM CELLS? <input type="checkbox"/> YES <input type="checkbox"/> NO HUMAN EMBRYONIC STEM CELLS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**IMPORTANT:** If you are citing NIH publications in support of this project, these publications must be submitted to PubMed Central (PMC) and the PMC Reference Number must be included on each paper.

### INVESTIGATOR'S STATEMENT AND CERTIFICATIONS:

**My signature below certifies that:**

- 1) The information submitted within the application is true, complete and accurate to the best of my knowledge;
- 2) I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and
- 3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.

Signature Field \_\_\_\_\_ DATE: \_\_\_\_\_