

# Research & Related

PHS 398 Cover Page  
Supplement

# Research & Related Cover Component

- Complete the “Yellow” required fields.
- This page is similar to the PHS 398 Face Page
  - Provides general information about the applicant organization, contact information for the PD/PI and Authorized Organizational Representative.

# PHS 398 Cover Page Supplement Component

- 1. Project Director/Principal Investigator
  - PI Name, Title, Address, etc are pre-filled.
  - New investigator Yes/No Question:
    - You are a new investigator if you have not previously served as a PI on any PHS supported research project (other than an R03, R15, R21, K01, K08, K12).
  
- 2. Human Subjects
  
- 3. Applicant Organization Contact
  - <http://www.hopkinsmedicine.org/Research/ora/handbook/appendixg.html>



Close Form

Next

Print Page

About

## PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 9/30/2007

### 1. Project Director / Principal Investigator (PD/PI)

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* New Investigator?

No

Yes

Degrees:

### 2. Human Subjects

Clinical Trial?

No

Yes

\* Agency-Defined Phase III Clinical Trial?

No

Yes

Fields are automatic  
(Form SF424(R&R))



Close Form

Next

Print Page

About

### 3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix:  \* First Name:  **First Name of your ORA Representative**

Middle Name:

\* Last Name:  **Last Name of your ORA Representative**

Suffix:

\* Phone Number:  410-955-0000

Fax Number:  410-955-0000

Email:



Information on your ORA Representative

\* Title:  **Title of your ORA Representative**

\* Street1:  733 N. Broadway, Suite 117

Street2:

\* City:  Baltimore

County:

\* State:  MD

\* Zip Code:  21205

\* Country:  USA

