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Q2 **Judith Graham Pool Postdoctoral Research Fellowship**
**Continuation Application**

For any questions please contact
NHF's Research Department at
research@hemophilia.org

Q3 **Title** of the proposed project

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Q4 Applicant's name (Last, First, Middle, Degree)

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Q5 Applicant's workmailing address (include institution's name)

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Q6 Applicant's work phone

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Q7 Applicant's work email

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Q8 Applicant's personal mailing address

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Q9 Applicant's personal mobile phone

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Q10 Applicant's personal email

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Q11 Has there been a change to your immigration status since your initial application?

* Yes (1)
* No (2)

Skip To: Q14 If Has there been a change to your immigration status since your initial application? = Yes

Q12 Do you have permanent residence status?

* Yes (1)
* No (2)
* Pending (3)

Skip To: Q14 If Do you have permanent residence status? = Yes

Q13 Please explain immigration status below

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Q14 If associated with a Hemophilia Treatment Center, please identify center

* HTC (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable (2)

Q15 Has the Sponsor/Mentor changed since your last application?

* Yes (1)
* No (2)

Skip To: Q24 If Has the Sponsor/Mentor changed since your last application? = No

Q16 **Sponsor** or **Mentor's** name (Last, First, Middle, Degree)

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Q17 **Sponsor** or **Mentor's** work address (include institution's name)

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Q18 **Sponsor** or **Mentor's** work phone number

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Q19 **Sponsor** or **Mentor's** work email

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Q20 Sponsor or Mentor's **assistant's** name (if applicable)

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Q21 Sponsor or Mentor's **assistant's** work phone number

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Q22 Sponsor or Mentor's **assistant's** work email

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Q23 Upload or drag new **sponsor/mentor's** NIH Biographical Sketch.

Q24 Has the **Medical Director or Department Chair** changed since your last application?

* Yes (1)
* No (2)

Skip To: Q30 If Has the Medical Director or Department Chair changed since your last application? = No

Q25 **HTC's Medical Director** or **Department's Chair** name (Last, First, Middle, Degree)

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Q26 **HTC's Medical Director** or **Department's Chair** title

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Q27 **HTC's Medical Director** or **Department's Chair's** address (include institution's name)

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Q28 **HTC's Medical Director** or **Department's Chair's** phone number

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Q29 **HTC's Medical Director** or **Department's Chair's** email

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Q30 Has the **Financial Officer** changed since your last application?

* Yes (1)
* No (2)

Skip To: Q38 If Has the Financial Officer changed since your last application? = No

Q31 **Financial Officer's** name (Last, First, Middle)

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Q32 **Financial Officer's** work address (include institution's name)

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Q33 **Financial Officer's** work phone

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Q34 **Financial Officer's** work email

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Q35 Financial Officer's **assistant's** name (if applicable)

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Q36 Financial Officer's **assistant's** work phone

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Q37 Financial Officer's **assistant's** work email

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Q38 List applicant's **currently-funded or pending funding** research projects below (if applicable)

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Q39 Does the proposed project have secure funding or any other planned/or pending applications for additional research funding?

* Yes (1)
* No (2)

Skip To: Q41 If Does the proposed project have secure funding or any other planned/or pending applications for ad... = No

Q40 Please provide source(s) below

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Q41 Are human subjects or tissues, or vertebrate animals being used?

* Yes (1)
* No (2)

Display This Question: If Are human subjects or tissues, or vertebrate animals being used? = Yes

Q42 **The Assurances and Certification for Research Involving Human Subjects and/or Vertebrate Animals form must be sent to NHF accompanied by the IRB/IACUC approval letter, if applicable.**

Q43 **Summary of originally proposed project aims**. Provide a basic summary or overview of the originally proposed project aims.

*This description is limited to 4250 characters (about 600 words). May copy and paste from* another*document*

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Q44 **Changes to original proposal.**  Provide an overview of any c**hanges to the original proposal** -including aims and methods. If project aims have changed, please explain approach with new aims. Changes in mentor should also be mentioned in the space below. If there are no changes to the original proposal please state that.

 *This overview is limited to 10,500 characters (about 1500 words)*

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Q45 **Research Project Progress Report**. Upload or drag a document containing the entire research project progress report.  The document should not be longer than 6 pages written using the basic font Arial of no less than 12 points, single space with 1-inch page margins. This does not include references which will be uploaded in the next section. **Documents that do not comply with these requirements will be rejected.**

Q46 Upload or drag additional references (as needed)

Q47 **Project Accomplishments.** If applicable, describe in detail any publication that have resulted from project. Also include any abstract (oral or poster) and provide information of the meeting where it was presented and if it received any awards

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Q48 **Project Accomplishments.** If applicable, upload or drag a copy of any publication

Q49 **Continuation Application Budget.**  Upload or drag a completed copy of the Continuation Application Budget Form found in [NHF-JGP webpage](https://www.hemophilia.org/Researchers-Healthcare-Providers/Research-Grant-Programs/Judith-Graham-Pool-Postdoctoral-Research-Fellowships)

Q50 Upload or drag completed **Continuation Application Signature Page** found in [NHF-JGP webpage](https://www.hemophilia.org/Researchers-Healthcare-Providers/Research-Grant-Programs/Judith-Graham-Pool-Postdoctoral-Research-Fellowships)

Q51 **STOP! THIS IS THE LAST PAGE OF YOUR APPLICATION!**
 You will not be able to modify your submission beyond this point.
 Once you submit you will have the opportunity to download it as a PDF for your records.

Yes, I am ready to submit (7)