

**NIMH Division of Intramural Research Programs**  
**Supplement to Form NIH-1616-1 (Request for Publication and Speech Clearance)**

**Instructions:** Answer the questions below in relation to the material to be cleared, and attach to form NIH-1616-1. The completed form must be sent to the Office of the Scientific Director at the time of submission for publication or prior to the date of presentation.

Requestor's Name: \_\_\_\_\_  
 Lab/Branch & Phone: \_\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposed Date of  
 Publication or Speech:

Title of Material:  
 \_\_\_\_\_  
 \_\_\_\_\_

This material is associated with Annual Report Project Number: **Z01MH-** \_\_\_\_\_

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the research involve collaboration with someone from a for-profit organization? <i>If Yes</i> , list all that apply: <input type="checkbox"/> IRP protocol <input type="checkbox"/> Signed research agreement <input type="checkbox"/> Materials transferred <input type="checkbox"/> Material Transfer Agreement (MTA) used <input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this potentially patentable? <i>If Yes</i> : <input type="checkbox"/> An employee invention report (EIR) should be submitted <input type="checkbox"/> An EIR has been submitted <input type="checkbox"/> Not applicable to this research
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the research involve an author or co-author who had or has a CRADA or other research and development contract(s)? <i>If Yes</i> , indicate: Author's name: Company/Institution:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Should the item be reviewed for a <input type="checkbox"/> press release, <input type="checkbox"/> research highlight, or <input type="checkbox"/> policy review?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the research involve human subjects? <i>If Yes</i> , indicate the approved IRB number:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the research involve animal subjects? <i>If Yes</i> , indicate the approved ACUC ASP number:

Requestor's  
 Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lab/Br Chief's  
 Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:**

1. Resubmissions are the responsibility of the author.
2. Laboratory and Branch Chiefs are responsible for ensuring that all publications (including abstracts) and speeches are properly reviewed and approved for their staff.

For Use by the Office of the Scientific Director:

Date Rcvd:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date:
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