

**Ruth L. Kirschstein National Research Service Award  
Individual Fellowship Progress Report for  
Continuation Support**

*(To be completed by sponsor — follow PHS 416-9 instructions)*

FELLOWSHIP NUMBER

18. SUPPLEMENTATION OF STIPEND:      NO      YES      If "yes," specify the amount(s) and dates on which supplementation occurred, and the source of the funds.

19. COMMENTS OF SPONSOR (Use additional page, if necessary)  
Evaluate the quality of the training (including academic work) and research progress made by the fellow during the past year. Include performance on cumulative and qualifying examinations, if applicable.

**SPONSORING INSTITUTION'S ASSURANCES/CERTIFICATIONS**

The following policies, assurances, and certifications are verified by the signature of the Official Signing for Sponsoring Institution on the Face Page. See Item 14 for further information. If unable to certify compliance where applicable, provide an explanation and place it after this page.

•Human Subjects Research •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals •Debarment and Suspension •Research Misconduct •Civil Rights (Form HHS 441 or HHS 690) •Handicapped individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690) •Recombinant DNA Research, Including Human Gene Transfer Research •Financial Conflict of Interest •Prohibited Research •Select Agents and Toxins