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For Grants and Contracts

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Vol. 17, No. 26
August 12, 1988

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NOTICES

REMINDER: REFERENCE LETTERS FOR RCDA AND FIRST GRANT APPLICATIONS

P.T. 34; K.W. 1014002

Division of Research Grants

Applications for the Research Career Development Award (RCDA) and the First Independent Research Support and Transition (FIRST) Award require letters of reference. To assist the NIH in expediting the referral and review process, applicants MUST include these reference letters with the submitted application package. Otherwise, the application will be returned to the applicant.

RCDA and FIRST applicants are to send the reference forms included in the PHS 398 kit to their referees well in advance of the application submission, advising the referees to return the completed forms to the applicant in sealed envelopes as soon as possible. To protect the utility and confidentiality of reference letters, applicants are asked not to open the sealed envelopes. The sealed envelopes MUST be attached to the original applications. (This same procedure for submission of reference letters is now being used for individual and senior National Research Service Award fellowship applications.) These procedures were effective as of the June 1, 1988, receipt deadline.

PERCENTILE SCORES

P.T. 34; K.W. 1014002

Alcohol, Drug Abuse, and Mental Health Administration

INTRODUCTION

Beginning with the October 1988 Council, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) will display percentile scores on summary statements for grant applications which have been reviewed and recommended for approval by ADAMHA review committees. Unless the application is responsive to a Request For Applications (RFA), percentile scores will appear on summary statements for small grants, research project grants, research demonstration and dissemination projects, exploratory/developmental grants, First Independent Research Support and Transition (FIRST) awards, program project grants, center grants, and cooperative agreements.

PURPOSE

The percentile score provides Institute program staff, Council, and applicants with additional information about the ranking of applications recommended for approval.

FUNDING DECISIONS

Priority scores, derived from the ratings of individual review committee members, remain the primary criterion for making award decisions at ADAMHA. However, percentile scores may be considered along with other secondary criteria such as program balance, program priorities, and the availability of funds.

CALCULATION

The percentile score is calculated by ranking the priority scores, dividing the numerical rank by the total number of approved applications in the calculation base and multiplying the quotient by 100.

CALCULATION BASES FOR PERCENTILE SCORES

Two different calculation bases are used for ranking priority scores and deriving percentiles. For applications reviewed by an established ADAMHA Initial Review Group (IRG), the percentile score represents the rank among all applications recommended for approval by that IRG for the current plus the two previous review rounds. This method is only used for IRGs that have approved a cumulative total of 25 or more applications in the current and the two previous rounds.

For applications reviewed by special review committees, the percentile score represents the rank among all applications recommended for approval from all of the Institute's established IRGs (which meet the numerical criteria) from

the three previous rounds. If this type of calculation is used, the percentile score will be flagged with an asterisk (*). This method is also used for established IRGs that have not reviewed a sufficient number of applications to qualify for the calculation above.

INTERPRETING THE PERCENTILE SCORE

Like priority scores, numerically smaller percentile scores are assigned to applications judged to be of better quality. This is a reversal of the usual percentile system. Tie priority scores are each given the same (best) percentile score. Also, the percentile score calculated for a particular priority score may vary widely between different review committees.

NEW BASIS FOR PRIORITY SCORE PERCENTILES AT NIH

P.T. 34; K.W. 1014002

National Institutes of Health

Research grant applications reviewed at the June/July 1988, round of initial review groups (IRGs) will be presented to the October meetings of National Advisory Councils and Boards. At those Council and Board meetings, percentile values, rather than priority scores, will be utilized as one important factor in making funding decisions. Thus, starting in October, all of the NIH funding components will be utilizing percentile values. This action will emphasize the importance of relative rank and provide compensation for widely differing scoring practices that have occurred among IRGs in recent years.

Until now, percentile values have been calculated against a reference base of applications favorably recommended by a chartered review group at three consecutive meetings. This has served to smooth out some of the variations that may exist from meeting to meeting. Beginning with this June/July round of meetings, the basis for calculating percentiles will be altered. For this round, the percentile base will be the applications favorably recommended at this round only. When the IRGs meet again in October/November of this year, percentile values will be calculated against a reference base of that meeting and the preceding June/July meeting. In other words, there will be a phase-in process whereby percentiles are calculated on the basis of one round, and then for the next cycle of reviews they will be based on 2 rounds of scores, and for one after that (February/March 1989 IRG meetings) we will be back to the standard usage of 3 rounds for the DRG Study Sections.

This phase-in of new bases for the calculation of percentiles is designed primarily to encourage reviewers to adjust their evaluation scales and ratings and to utilize fully the entire range of 1.0 to 5.0. All NIH IRGs are being asked to utilize the following adjectival scale in terms of scores that are assigned:

Outstanding	1.0 - 1.5
Excellent	1.5 - 2.0
Good	2.0 - 2.5
Satisfactory	2.5 - 3.0
Adequate	3.0 - 3.5
Fair	3.5 - 4.0
Acceptable	4.0 - 5.0

It should be understood that the percentile rank of applications reviewed at this June/July round will be wholly independent from the priority score distribution in any prior review meeting. Therefore, IRGs have a window of opportunity to adjust evaluation scales and to make the distribution of priority scores more symmetrical and more useful. This may be done at this time without penalizing any applicants because of the change. Thus, members now have an opportunity to recalibrate their voting scales without the concern of disadvantaging any application.

The bases for percentile score calculations are summarized below:

	June/July IRG Meeting (Oct '88 Council)	Oct/Nov IRG Meeting (Jan '89 Council)	Feb/March '89 IRG Meeting (May '89 Council)
Chartered DRG Study Sections	June/July '88 only	June/July '88 and Oct/Nov '88	June/July '88 and Oct/Nov '88 and Feb/March '89
Other initial Review Groups	June/July '88 (partial)	June/July '88 (total)	June/July '88 and Oct/Nov '88

NIH REGIONAL WORKSHOPS ON IMPLEMENTATION OF THE PHS POLICY
ON HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 1014002, 0201011, 1014003

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

Date: September 27-28, 1988

Location: Atlanta, Georgia

Contact: Office of Continuing Medical
Emory University School of Medicine
1440 Clifton Road, N.E.
Atlanta, Georgia 30322
Telephone: (404) 727-5695

Date: November 1-2, 1988

Location: Lafayette, Indiana

Contact: Conference Bureau
Room 110
Purdue University
West Lafayette, Indiana
Telephone: (317) 494-7206

Date: December 1-2, 1988

Location: Baltimore, Maryland

Contact: Office of Continuing Education
Johns Hopkins University
720 Rutland Avenue
Turner 22
Baltimore, Maryland 21205
Telephone: (301) 955-2959

Date: January 24-25, 1989

Location: San Antonio, TX

Contact: Ms. Molly Greene
Institutional Animal Care Program
University of Texas Health Science Center
at San Antonio
7703 Floyd Curl Drive
San Antonio, Texas 78284-7822
Telephone: (512) 567-3717

Date: February 9-10, 1989

Location: Salt Lake City, Utah

Contact: Joan Provost
Conferences and Institutes
University of Utah
Salt Lake City, Utah 84112
Telephone: (801) 581-5809

DATED ANNOUNCEMENTS (RFPs AND RFAs)

INTERGENERATIONAL FAMILY RELATIONSHIPS

RFA AVAILABLE: 88-HD/AG-14

P.T. 34; K.W. 0417000, 0730014

National Institute of Child Health and Human Development
National Institute on Aging

Application Receipt Date: November 15, 1988

BACKGROUND INFORMATION

The Demographic and Behavioral Sciences Branch (DBSB) of the National Institute of Child Health and Human Development (NICHD) and the Behavioral and Social Research Program (BSRP) of the National Institute on Aging (NIA), jointly invite scientists to submit grant applications for the support of research on intergenerational family relationships. An interest in relationships across generations within a family context has arisen in recent years. Interest has become great because family support is considered important in contributing to the health, functioning, and psychological well-being of both the young and the old. It is clear that the family provides primary care and socialization of dependent children and also social support and care (when needed) to older people. The roles that older people play in supporting their adult children and grandchildren or the roles played by younger family members in modifying the values of older family members are also considered significant, but are less well understood. Yet the family in the United States and other developed countries is undergoing many changes such as the increasing longevity of family members, low rates of fertility, high rates of divorce and remarriage, high rates of female labor force participation, and new roles for men and women. Research is needed on how the health and functioning of individual family members are affected by these changes, and especially on how particular events in one generation affect family members in other generations.

For purposes of this RFA, intergenerational relationships include patterns of interaction, including contact and living arrangements; help and services, including family caregiving and financial aid (transfers of income and wealth); and family solidarity and strain, including shared attitudes, values, and expectations and patterns of social support. Critical events that can influence these exchanges include marital disruption, other changes in family composition, changes in the non-family roles of family members, death or illness of family members, early or out-of-wedlock childbearing, and the disability or retirement of family members. These events may trigger changes in the relationships and the flow of resources among family members, which in turn, may affect family members in other generations. The consequences may be measured in physical, psychological, and/or socio-economic terms.

RESEARCH GOALS AND SCOPE

Applications are requested that will: A) explore the extent of intergenerational aid; B) explore the relationship of critical events to the content and extent of intergenerational relationships; C) explore the individual consequences of particular intergenerational relationships; D) test whether and how critical life events result in consequences for family members as a result of variations in intergenerational family aid; and E) connect any of these relationships to societal, governmental, economic and cultural factors. Individual investigators are free to propose projects that address all or part of these issues. Projects may request support for from one to five years in duration. The central feature of every project must be its focus on intergenerational family relationships. Once intergenerational family relationships are established as a main focus of the study, investigators are free to expand the analysis to include factors that influence these exchanges, critical life cycle events and their consequences. Studies that focus on family relationships over time and on national rather than local samples are encouraged. Cross cultural, including cross-national, studies are appropriate. Investigators are encouraged to propose research on various combinations of research issues discussed above or on other issues not stated above but which relate clearly to the focus of the RFA. Because NICHD and NIA have made substantial investments in the past which have produced data sets appropriate for use in this RFA, investigators are encouraged to consider their use before proposing new data collection. In all cases, applicants must show that the data chosen for the study are appropriate for the analysis proposed.

MECHANISM OF SUPPORT

The support mechanism for this program will be the individual research project grant. It is anticipated that eight to ten grants will be awarded depending on the overall merit of the applications and the availability of funds. After projects are underway, meetings will be held to foster the sharing of work in progress. Principal and co-investigators will be encouraged to attend these meetings, and funds should be included in the application budget for one two-day meeting per year in Bethesda, Maryland, to discuss the research with other investigators. The current policies and requirements that govern the research grant programs of NIH will prevail.

REVIEW PROCEDURES AND CRITERIA

Applications will be reviewed by NICHD and NIA staff for responsiveness to the RFA. Applications judged to be nonresponsive will be returned. The applicant may resubmit the application and have it assigned for review in the same manner as unsolicited grant applications during the next review cycle. An application will be considered nonresponsive to this RFA if it is identical to one already submitted to the NIH for review, unless the previous application is withdrawn. Responsive applications may be subjected to a triage by a peer-review group to determine their scientific merit relative to the other applications received in response to this RFA. NIH will withdraw from competition those applications judged to be noncompetitive and notify the applicant and institutional business official. Those applications judged to be competitive will be further evaluated for scientific/technical merit by a review convened solely for this purpose by the Scientific Review Program, NICHD. Criteria for the initial review include the significance and originality of research goals and approaches; the feasibility of research and adequacy of the experimental design; the research experience and competence of the investigator(s) to conduct the proposed work; the adequacy of investigator(s) effort devoted to the project; and the appropriateness of the project duration and cost relative to the work proposed. Following review by the Initial Review Group, applications will be evaluated by the Institutes' Advisory Councils for program relevance and policy issues before awards for meritorious proposals are made. The anticipated award date is July 1, 1989.

METHOD OF APPLYING

When preparing the formal application, use Form PHS 398 (revised 9/86) which is available in the business or grants/contracts office at most academic and research institutes or from the Division of Research Grants, NIH (301/496-7441). On line 2 of the application form insert, "Intergenerational Family Relationships" and RFA 88-HD/AG-14. The RFA label available in the 9/86 version of Form PHS 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review. Send or deliver the original, completed, signed application and four (4) complete copies of it to:

Application Receipt Office
Division of Research Grants, NIH
Westwood Building, Room 240
Bethesda, Maryland 20892**

It is extremely important for the timely review of your application that two (2) additional copies of the application be sent under separate cover to:

Laurance S. Johnston, Ph.D.
Deputy Director, Scientific Review Program
National Institute of Child Health and Human Development
Executive Plaza North, Room 520
6130 Executive Boulevard
Bethesda, Maryland 20892

Applications must be received by November 15, 1988. Late applications will not be accepted.

Inquiries regarding this announcement may be directed to:

V. Jeffrey Evans
DESB, CPR, NICHD
Executive Plaza North, Room 611
6130 Executive Boulevard
Bethesda, Maryland 20892
Telephone: (301) 496-1174

or

Kathleen Bond
BSRP, NIA
Building 31, Room 5C32
Bethesda, Maryland 20892
Telephone: (301) 496-3136

These programs are described in the Catalog of Federal Domestic Assistance No. 13.864, Population Research and No. 13.866, Aging Research. Awards will be made under the Public Health Service Act, Title III, sec.301 (PL 78-410, as amended; 42 USC 241 and 42 USC 289) and be subject to PHS Grant Policies and Federal Regulations 42 CFR Part 52 and Part 66 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order No. 12372 or to Health Systems Agency review.

IN VIVO MODELS OF IMMUNOCONTRACEPTION

RFA AVAILABLE: 88-HD-15

P.T. 34; K.W. 0750020, 0413002, 0710070

National Institute of Child Health and Human Development

Application Receipt Date: November 15, 1988

The Reproductive Sciences Branch (RSB) of the Center for Population Research (CPR), National Institute of Child Health and Human Development (NICHD), is inviting research grant applications investigating selected topics in the immunology of fertility regulation. This is the second announcement in the reproductive immunology area to be specifically focused on immunocontraception. The RSB supports research on the immunological aspects of reproduction in humans and relevant experimental animal models that is of potential value in establishing and developing an effective means of female immunocontraception. Our current understanding in this area is incompletely developed at present. The most feasible and effective directions in the field of prefertilization immunocontraception are yet to be defined. In the light of present day technological advances, it is the goal of this RFA to stimulate research investigations using state-of-the-art technology in an effort to identify promising models of prefertilization immunocontraception, establish the effectiveness of the candidate immunogen(s) in preventing pregnancy by immunologic means and characterize the biological basis of the immunological effect.

This RFA is specifically designed to stimulate research designed to investigate:

- o The quantitative efficacy and biological basis of infertility induction by specific sperm membrane immunogen immunizations in in vivo mammalian models. Such studies should also determine the absence or presence of embryotoxic effects.
- o The sites, nature, and extent of involvement of a local secretory immune system response associated with the intraluminal occurrence of sperm membrane specific IgA and/or IgG antibodies arising from immunizations with specific sperm membrane immunogens in an in vivo mammalian model.
- o Documentation and characterization of the occurrence, nature, extent, and duration of an immune system "boosting" response in female mammals previously immunized with specific sperm membrane immunogens and subsequently experiencing natural immunogen exposure (coital sperm deposition).

It is anticipated that at least four (4) awards will be made as a result of this announcement through the grant-in-aid (R01) mechanism used by the NICHD.

For further information and a copy of an expanded, fully detailed RFA, contact the following:

Michael E. McClure, Ph.D.
Reproductive Sciences Branch
Center for Population Research
National Institute of Child Health
and Human Development
National Institutes of Health
6130 Executive Boulevard, Suite EPN-603
Bethesda, Maryland 20892
Telephone: (301) 496-6515

This program is described in the Catalog of Federal Domestic Assistance number 13.864, Population Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

RESEARCH ON AIDS AND THE AMERICAN TEENAGER

RFA AVAILABLE: 88-HD-13

P.T. 34; K.W. 0715120, 0411005, 0750020, 0404000

National Institute of Child Health and Human Development

Application Receipt Date: October 24, 1988

BACKGROUND INFORMATION

The Demographic and Behavioral Sciences Branch (DBSB) of the National Institute of Child Health and Human Development (NICHD), invites scientists to submit grant applications for the support of research on sexual behavior and risk of pregnancy, AIDS and other STDs among American teenagers. For the past 10 years, the Demographic and Behavioral Sciences Branch, Center for Population Research, NICHD, has supported over 70 studies that have documented the causes and consequences of adolescent pregnancy and childbearing. More recent research has documented the increase in sexual activity over the 1970s, factors associated with early initiation of sexual activity, and trends regarding pregnancy and childbearing. While the consequences of teen pregnancy and childbearing are well-documented, less is known or understood about the use of contraception among teenagers. Concern has risen about the vulnerability of young adolescent females to behaviors that place them at risk of STDs, particularly AIDS. This includes the early initiation of sexual intercourse and sex with a large number of partners, with drug users, or with older partners who may be at risk of HIV for other reasons.

While AIDS cases are concentrated in adult years, there are adolescent AIDS cases as well. The long latency period for AIDS makes it likely that many of the cases observed in young adults were contracted during adolescence. There is concern that the high rates of sexual activity observed for teens constitutes a risk for sexual transmission of HIV. Appropriate use of contraception constitutes a modifier to that risk. Although some data have been collected over the past decade and a half, in the National Surveys of Young Women 1971, 1976 and 1979, and in the National Survey of Family Growth, 1982, it is felt that a major effort to more fully understand the sexual, contraceptive and prophylactic behavior of young teenagers is now needed. It is anticipated that a large-scale nationally representative data-gathering effort designed specifically to answer these questions will be necessary, although researchers may propose alternative ways to answer the questions posed here. It should be noted that identifying seroprevalence of HIV is not an objective of this solicitation.

RESEARCH GOALS AND SCOPE

The first research goal is to understand how and why teens enter into sexual experiences that put them at risk of HIV as well as unintended pregnancy. Given an understanding of who is at risk and why, the second major issue is when do teenagers initiate contraceptive or protective measures and why do they delay? The third issue is that of continuation of contraceptive or prophylactic practice once begun and the assessment of its effectiveness. Here we have tradeoffs between prophylaxis and contraception among other issues. The measurement of contraceptive and prophylactic use is an important issue for research. There is no agreement on ways that contraception or prophylaxis should be measured nor any validation of such measures. Researchers are encouraged to concentrate on obtaining reliable and valid measures of contraceptive and prophylactic use. A fourth issue for investigation is that of the factors associated with prophylactic or contraceptive use following a pregnancy, birth or STD infection among teens.

A prerequisite for addressing such issues is a strong theoretical framework within which questions can be developed and the results interpreted. Although researchers are expected to focus on female teenagers, the behavior of young women also depend on that of actual or potential partners. Therefore, males should also be included. Exploration of issues of sexual risk-taking among males in homosexual encounters may also be explored. A final issue of

importance is that of population differences in risk of AIDS and in contraceptive and prophylactic use among teenagers.

MECHANISM OF SUPPORT

The support mechanism for this program will be the individual research project grant. It is anticipated that at least one grant will be awarded, depending on the overall merit of the applications and available funds. The current policies and requirements that govern the research grant program of NIH will prevail.

REVIEW PROCEDURES AND CRITERIA

Applications submitted in response to this RFA will be reviewed for scientific merit by an initial review group (IRG) which will be convened by the Division of Research Grants (DRG) of the National Institutes of Health (NIH), to review only these applications. Applications judged by the DRG and National Institute of Child Health and Human Development (NICHD) as nonresponsive to this RFA will be assigned to the most appropriate regular grant program in the Public Health Service (PHS). If such an assignment is not possible, the application will be returned to the applicant.

The factors to be used in evaluating the scientific merit of each application will be those used in judging individual research project grant applications, including originality of the proposed research and feasibility of approach; quality of theoretical-conceptual framework; adequacy of research design; appropriateness of data analysis techniques; suitability of facilities; training, experience, and research competence of investigators; and soundness of proposed budget. An additional criterion will be the responsiveness of the proposed project to this RFA.

Following review by the Initial Review Group, applications will be evaluated by the Institutes' Advisory Councils for program relevance and policy issues before awards for meritorious proposals are made. The anticipated award date is March 1, 1989.

METHOD OF APPLYING

When preparing the formal application, use Form 398 (Rev. 9/86). If your institution does not have this application booklet, copies may be obtained from:

Office of Grant Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building, Room 449
Bethesda, Maryland 20892
Telephone: (301) 496-7441

In order to identify the application as being in response to this RFA check "yes" on item 2, page 1, of Form 398 and enter the title "AIDS and the American Teenager" and the RFA number. A cover letter repeating that this application is in response to the RFA of the NICHD, DBSB, and that it is AIDS research, will expedite the routing of the application.

The RFA label available in the 9/86 version of Form PHS 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

Send or deliver the completed application and thirty-two (32) signed, complete copies of it to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 9
Bethesda, Maryland 20892**

In addition, send, under separate cover, one copy of the completed application to:

Larry Johnston, Ph.D.
Deputy Director, Scientific Review Branch
National Institute of Child Health
Executive Plaza North, Room 520
Bethesda, Maryland 20892

and send one copy to:

Sandra L. Hofferth, Ph.D.
Demographic and Behavioral Sciences Branch
National Institute of Child Health and Human Development
Executive Plaza North, Room 611
Bethesda, Maryland 20892

Applications must be received by October 15, 1988. Late applications will not be accepted.

Inquiries regarding this announcement may be directed to:

Sandra L. Hofferth, Ph.D.
Demographic and Behavioral Sciences Branch
National Institute of Child Health and Human Development
Executive Plaza North, Room 611
Bethesda, Maryland 20892
Telephone: (301) 496-1174

DEVELOPMENT AND EVALUATION OF NEW SCREENING TESTS FOR HUMAN RETROVIRUSES

RFA AVAILABLE: 88-HL-23-B

P.T.

National Heart, Lung, and Blood Institute

Application Receipt Date: January 16, 1989

The Blood Resources Branch of the Division of Blood Diseases and Resources, National Heart, Lung, and Blood Institute (NHLBI), announces the availability of a Request for Applications (RFA) on the above subject. Copies of the RFA, NIH-88-HL-23-B, may be obtained from staff of the NHLBI.

The program encourages basic and applied research on the development and evaluation of procedures to screen blood units for human retroviruses other than human immunodeficiency virus type 1 (HIV-1), and monitor infectivity of individuals who are carriers of these agents. The discovery of human retroviruses other than HIV-1 capable of causing acquired immune deficiency syndrome, lymphomas, leukemias, and neurologic disorders underscores the urgent need for such research. Procedures that are developed should be simple to perform, cost-effective and applicable to large-scale blood screening programs.

The support mechanism for this program will be the traditional, individual research grant. Although approximately \$2,000,000 (for direct plus indirect costs) for this program is included in the financial plans for fiscal year 1989, award of grants pursuant to this RFA is contingent upon receipt of funds for this purpose. It is anticipated that up to ten grants will be awarded under this program. The specific number to be funded, however, will depend on the merit and scope of the applications received and the availability of funds.

Request for copies of the RFA should be addressed to:

Luiz H. Barbosa, D.V.M.
Blood Resources Branch, DBDR
Federal Building, Room 504
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1537

CELLULAR AND ANIMAL MODELS FOR SICKLE CELL DISEASE

RFA AVAILABLE: NIH-88-HL-22-B

P.T. 34; K.W. 0755020, 0780015, 0785070

National Heart, Lung, and Blood Institute

Application Receipt Date: December 9, 1988

The Division of Blood Diseases and Resources of the National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health, announces the availability of a request for applications (RFA) for the development of cellular and animal models for sickle cell disease. Copies of the RFA and

Instructions for the Preparation of Applications are currently available from NHLBI staff.

The major goal of this program is to stimulate basic research in the development of cellular and animal models for sickle cell disease in order to further our understanding of the pathophysiology of the sickling process and to develop and test therapeutic modalities. Specific areas of interest are: (a) cellular systems which express human hemoglobins at high levels; (b) systems that allow long-term perfusion of animals with sickled cells; (c) animal models which express high levels of the sickle and other human hemoglobins; and (d) studies that lead to the discovery of new strains of mice that lack endogenous alpha or beta chain synthesis.

The support mechanism for this FIVE YEAR program will be the traditional, individual research project grant (R01). Although the financial plans for fiscal year 1989 include \$1.8 million in total costs for this announcement, award of grants pursuant to this RFA is contingent upon availability of funds for this purpose. It is anticipated that four to six grants will be awarded under the program established by this announcement. The specific number to be funded will, however, depend on the merit and scope of the applications received and the availability of funds.

The requirements and format for applications submitted in response to the announcement, and copies of the RFA, may be obtained from:

Charles A. Wells, Ph.D.
Health Scientist Administrator
Sickle Cell Disease Branch
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
Federal Building, Room 504
Bethesda, Maryland 20892
Telephone: (301) 496-6931