NIH Extramural Nexus

WHERE GRANTS POLICY, PROGRAM COORDINATION, COMPLIANCE AND ELECTRONIC RESEARCH ADMINISTRATION CONVERGE

November 2007

NEWS FROM THE DIRECTOR OF OER: Reaching Out in Times of Trouble

Dear Extramural Community,

In emergency situations, a number of NIH offices are poised to spring into action any time a natural disaster affects, or has the potential to affect, our grantees. Our immediate concern is for the health and safety of people and animals. We are, of course, also deeply concerned about the health of the biomedical research enterprise and seek ways to work with the research community to stabilize research and minimize any disruption.

We were ready when the fires hit in California. We published a notice informing applicants in affected areas that we recognize the potential for delays in their grant application submissions due to the fires, and we provided them the extra time to get their institutions up and running without fear of missing deadlines.

Our Office of Laboratory Animal Welfare (OLAW) contacted applicants and were available all day and night to answer questions and provide advice and guidance regarding any animal evacuation, animal health, animal housing, Institutional Animal Care and Use Committee activity and occupational health and safety concerns related to the wildfire situation.

OLAW also provided leniency on the timing of reporting to allow affected institutions in the southern California area to focus their efforts on recovery, assessment of damage and stabilization of programs. And any number of staff across NIH spoke personally with grantees to ensure their safety.

The Office of Extramural Research is responsible for developing NIH policy to respond to natural disasters; coordinating and tracking the

actions of the NIH institutes and centers; interfacing with grantee institutions, and, coordinating with other federal agencies, including the Federal Emergency Management Agency, when appropriate.

This level of coordination and cooperation across federal agencies helps to ensure that institutions have the opportunity to obtain maximum support and recovery of any lost or disrupted work. We are committed to working with researchers and institutions to do all that we can to ensure that research continues.

If you have concerns, or need assistance recovering from a natural disaster, you are welcome to contact me at DDER@NIH.gov.

— *Norka Ruiz Bravo, Ph.D.,* director, Office of Extramural Research and NIH Deputy Director for Extramural Research

≫Back to top

IN THEIR OWN WORDS:

An Interview with NIH Budget Master John Bartrum
John Bartrum's rise to NIH's top budget post—by his *own* reflection—was not the result of any premeditated ambition. And that, perhaps, is part of what makes his career so remarkable. Exactly how did a 41-year old lawyer, economist, chief medical administrator in the Air Force Reserve, and former White House budget advisor wind his way to the NIH?

After an award-winning military career from 1984 to 1998, he analyzed health policy for the Department of Veterans Affairs (VA) until he was asked to bring a policy focus to the medical services section of the VA's Budget Office. Soon, he came to understand the great impact policy can have on budget in Washington, D.C. That insight would prove useful at his next post.

Bartrum was senior examiner in the President's Executive Office, specifically the National Security Division of the Office of Management

2

≫Back to top

and Budget (OMB). What distinguishes Bartrum among his esteemed NIH predecessors is the five years he spent as part of the federal gateway that approves NIH's budget. Now, he writes and submits that budget.

Steering NIH through a congressional budget cycle is no uncomplicated task nowadays, when continuing resolutions often replace approved budgets well after the start of a new fiscal year. With a continuing resolution holding NIH funding steady until December 14, Bartrum is on near-constant alert to field calls from Congress, NIH Director Elias Zerhouni and others. The *Insider* met with him, but it took three tries, and he often had one hand on his BlackBerry®.
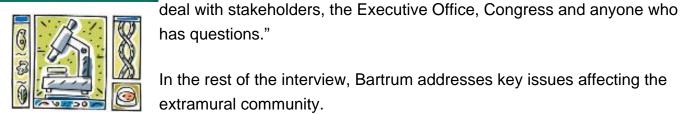
Bartrum, who was appointed NIH associate director for budget last October, remembers when the budget cycle was simpler. In the past, Congress would have passed an appropriations bill by the end of September, which, ultimately, would have resulted in a final budget by October. If that were the case now, the fiscal year (FY) 2008 budget would be in the process of being executed. Instead, it is still being finalized while Bartrum clarifies any outstanding issues Congress may have, and while the continuing resolution approaches its December deadline, the second after it was extended 30 days.

That doesn't stop Bartrum and his team from simultaneously developing the FY 2009 budget and working with OMB on it, while making plans for FY 2010.

Working on three budgets at once is the general rule, Bartrum said, remembering when there were pockets of downtime in the spring and summer. Part of the crunch now is related to the congressional cycle, and the reality that continuing resolutions don't account for increased costs in the current fiscal year. This gives rise to deficits that squeeze budgets for the rest of the fiscal year, even after final approval.

Bartrum said the biggest difference between budgets cycles of years past and more recent ones is that there is increased demand from the public for accountability, specifically, a clearer understanding of how NIH is using public funds. "We have to explain our budgets in more detail than people had to 15 or 20 years ago," he said. "We have to do better in

our explanations and justifications, and that's a good thing for more accountability and clearer communication, though it takes more time to deal with stakeholders, the Executive Office, Congress and anyone who has questions."

In the rest of the interview, Bartrum addresses key issues affecting the extramural community.

What does NIH need to understand about the budget process?

We have to be able to explain in non-scientific terms—not just to Congress and OMB, but to the public—what we do and how their support of us provides a return on investment to them. Some people consider this "our money" and say this is "NIH's money." But it's *not* NIH's money. It's the taxpayers' money, and the taxpayers need to know why this is a good value and how we add value. In research, we provide a value and a leveraging [of resources] in biomedical research that couldn't be accomplished at the local and state level. Perhaps that distinguishes us from some other federal agencies that duplicate what is done at the state and local level.

How can NIH be more effective in demonstrating its accomplishments and justifying budget priorities?

They need to think about long-term implications of their specific priorities not just on this year, but the next year and the year after that. What are the out-year costs? Because we do our budgets one year at a time, people often see it as "one-year money." If you move on a particular priority, it may commit what you hope will be your resources for the next few years on that item, which may limit your flexibility and opportunity. At the same time, thinking about the long-term effects of a priority can help you see how it fits toward the goal of expanding research in a certain area.

It is important to maintain flexibility as you are planning for the future because nobody knows where the next scientific breakthrough is going to come from. We don't want to get ourselves locked into particular programs or particular areas that are hard to get out of as we try to

≫Back to top

≫ *Guide* Notices

respond to the flexibility of science. So we have to think about the long-term implications to the science and the program.

Do you see the NIH as an investor of research, an investor in science, or an investor in the nation's health? Are there any differences in those roles?

I see us in all those roles. There are differences, but they overlap like a Venn diagram with lots of overlapping circles. NIH is an investment in the nation's healthcare expenditures. Through our research, we not only improve people's health, which is vital, but I believe we are one of the leading government organizations that can help break the healthcare expenditure cost growth as we move from a more curative approach to healthcare to a preventive approach. It's more expensive to treat people on the higher end of the curve where it's curative because you treat symptoms, and that has higher associated costs overall as you respond to symptoms.

If we can identify indicators to prevent and treat on the preventive end of the curve—treating on the lower end of the cost scale—you not only improve people's health, quality of life and outlook, but you lower the cost. Our nation is facing [rising] Medicare/Medicaid costs and private sector health insurance costs, which are growing at a much faster rate than general inflation. It seems only reasonable that a key way to lower costs is to expand research in a manner that moves the healthcare industry from a curative to a preventive model.

As a budget expert, are there any innovative ways an agency facing a flat budget might navigate fiscal constraints?

Flat budgets or stable budgets, whatever words people want to put around it, we lose purchasing power if our budget is stable. We have to make strategic choices and look at the programs we have and consider how to leverage our resources toward the best science of the future. So, if the budget is flat (or negative if adjusted for inflation) it becomes very important for program managers to evaluate whether this program is the one we should be supporting, or has science changed, and now we need to put more resources in another direction.

Where do we take the risk? In science, we need to *ensure* that we continue to take risks. As people go into stable budgeting the first thing they often do is throw out risk and stay with what is comfortable. I think that can be a danger. Without taking risks we lose some of the innovation and transformative opportunities. The real challenge is to know where to strategically take risk.

NIH and Dr. Zerhouni continue to let the public know the value of the research and how money invested in NIH has returned value to the public. Our challenge in those efforts is explaining the lag time related to research results. Research funded today can take several years to be completed and then may need additional research to translate it into a specific product or procedure. It's all of NIH's job to help draw that line for the public and policy makers.

At a time when science is on the edge of exciting breakthroughs, the extramural community is competing harder for funding amid a flat budget. What would you say to some in the extramural community (principal investigators, scientific societies, institutions, trainees, disease advocates etc.) who see this and might feel discouraged?

Continue to look forward to scientific opportunities, write applications that are creative and advance science to the next level. Actively participate in the NIH extramural community and peer review process to ensure necessary risks are taken—even though things might be flat from a budgeting standpoint. Encourage reviewers to seek out some high-risk, high-reward projects. The beauty of NIH is the peer review process. NIH-funded research is not selected in a vacuum. Through community involvement, like involvement in peer review, they can ensure we continue to expand and reach toward scientific breakthroughs. Will we hit it every time? Of course not, but we don't want to miss the opportunity.

❯❯Back to top

ALL ABOUT THE NIH REFORM ACT OF 2006

Marking only the third time that Congress has systematically reviewed the various responsibilities, activities and functions of the NIH, the National Institutes of Health Reform Act of 2006 (the Act) signals an important reaffirmation of the NIH's mission and its vital role in advancing biomedical research to improve the health of the nation. NIH leadership and staff are working hard to implement the key provisions. You will be hearing many of the following terms and about the activities related to them as we continue to move forward under the reauthorization.

The Act created the Division of Program Coordination, Planning and Strategic Initiatives (DPCPSI) that is authorized to identify and report on research that represents important areas of emerging scientific opportunities, rising public health challenges, or knowledge gaps that deserve special emphasis and would benefit from the conduct or support of additional research to involves collaboration between two or more Institutes and Centers (ICs), or would otherwise benefit from strategic coordination and planning. Many of these trans-NIH research initiatives (such as Roadmap) will be supported by the Common Fund, which is now codified in the Public Health Service Act and is appropriated as a separate amount by Congress. The Act moved the following program Offices within DPCPSI: Office of AIDS Research, Office of Research on Women's Health, Office of Behavioral and Social Sciences Research, Office of Disease Prevention, Office of Dietary Supplements, and Office of Rare Diseases; however, the law states that these offices are to maintain their current authorities.

November 8 marked the first planning meeting for the new Councils of Councils, which is authorized to advise on the trans-NIH Research described above. The Act states that the Council of Councils is to be composed of members, from IC Advisory Councils, representatives nominated by the Office of the Director program offices, and members of the NIH Council of Public Representatives.

Another body created by the legislation, the Scientific Management Review Board, will be required to examine periodically the use of the NIH's organizational authorities, provide a report on the review and make recommendations regarding the use of such authorities.

The legislation requires a public process for certain reorganizations and identifies procedures for reorganizations.

The Act deleted most reports in the PHS Act pertaining to NIH and replaced them with one biennial report to Congress. Additional reports focused on collaboration with other Health and Human Services agencies, clinical trials, tissue samples, whistleblowers, and experts and consultants are required. Reports also will be required from each institution receiving an NIH award for the training of graduate students for doctoral degrees. Additionally, each IC will be required to report to the Director of NIH on the amount of its IC's budget made available for trans-NIH research. Finally, when the Common Fund reaches five percent of total NIH appropriations, the NIH Director, in consultation with the Council of Councils, will be required to submit recommendations to Congress for changes regarding amounts to the Common Fund.

»[Back to top](#)

President Bush last January signed the act ([H.R. 6164 as P.L. 109-482](#). For more detailed background and for contact information see the [NIH Reauthorization Web page](#) and [NIH reauthorization frequently asked questions](#).

»[Back to top](#)

EYE ON PI

Frequently Asked Questions from the Division of Grants Policy, OPERA

»Feedback

This month, the *Nexus* turned to the OER's Office of Policy for Extramural Research Administration (OPERA) for answers to some of OPERA's recent most frequently asked questions…

Who are "senior/key personnel" and how do they differ from "other significant contributors?" What about consultants?

Senior/key personnel are defined as individuals who contribute to the scientific development or execution of a project in a substantive measurable way. The program director/principal investigator (PD/PI) is

always considered senior/key personnel. The PD/PI may designate other senior/key personnel if they fit the definition. Biosketches, other support information, and level of effort greater than zero person months are all required of senior/key personnel named in the application.

Other significant contributors are those that are committed to contribute to the project, but without measurable effort (zero person months or "as needed"). Biosketches of other significant contributors are required; however, other support information is not.

A consultant is defined as an individual hired to give professional advice or services for a fee. Generally, a consultant is not considered senior/key personnel. Grantees should describe the services to be performed by the consultant(s) in their justification and include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs for each. In those cases where a consultant may actually meet the definition of senior/key personnel, the applicant should list them as such and include the appropriate biosketch and other support information.

Does a significant change in level of effort for senior/key personnel require the prior approval of the grants management official (GMO)?

The NIH Grants Policy Statement requires prior approval of changes in status of senior/key personnel who are specifically designated in the Notice of Award (NoA).

Change in status is defined as withdrawal from the project, absence for any continuous period of three months or more, or reduction of time devoted to the project by 25 percent or more from the level in the approved application. The PD/PI is always named on the NoA and when multiple PD/PIs are involved all are automatically named on the NoA.

NIH program officials use discretion in naming senior/key personnel other than the PD/PI(s) in the NoA. This does not diminish the scientific contribution to the project of the other senior/key personnel; it merely limits the number of individuals that are affected by the prior approval requirement to those specifically named on the NoA.

What about the Key Personnel Report in the PHS 2590 Non-Competing Grant Progress Report?

There are several places where senior/key personnel are mentioned in the Progress Report. The PHS 2590 streamlined non-competing award process (SNAP) instructions request information on (1) changes in other support of senior/key personnel since the last reporting period, and (2) significant changes in the next budget period in the level of effort for the PD/PI or other personnel designated on the NoA from that which was approved for the project.

SNAP Question #1—changes in other support of senior/key personnel—refers to changes in active support of the PD/PI, and of all other personnel considered by the PD/PI to meet the definition of senior/key personnel (i.e., individuals who contribute in a substantive measurable way to the scientific development or execution of the project).

SNAP Question #2—significant change in level of effort—applies only to the PD/PI and other individuals designated on the NoA.

For both SNAP and non-SNAP Progress Reports a Key Personnel Report (form page 7) is also required. This report once again covers all individuals designated by the PD/PI as senior/key personnel. Remember to include biosketches in the Progress Report for any new senior/key personnel.

» Back to top

NIH Continues FCOI Compliance and Oversight Activities in Grantee Community

The term "financial conflict of interest" (FCOI) garners much attention in the medical research community. Since 1995, NIH-supported grantee institutions have been required to comply with the FCOI regulations (42 CFR Part 50 Subpart F) as they pertain to NIH grants.

The NIH recently announced a pilot compliance program to assess institutional compliance with the regulatory requirements of FCOI in research pertaining to NIH grants and cooperative agreements. A

10

number of institutions will be selected for review by requesting a copy of their FCOI policy and related information.

The compliance program is a follow up to the NIH targeted site reviews that took place in 2006 as part of NIH's oversight responsibilities. The NIH Division of Grants Compliance and Oversight, Office of Policy for Extramural Research Administration, OER, conducted targeted site reviews of 18 NIH-supported institutions to determine if grantee institutions were fully and correctly implementing the FCOI regulation and if reporting requirements are being met. These 18 institutions represented approximately $4 billion in fiscal year 2005 research grant awards, or about 25 percent of the NIH budget allocated for research grants that year. Observations from the targeted site reviews are posted on the OER Web site.

As with the targeted site reviews, if areas of noncompliance are noted as a result of the current compliance program, institutions will be expected to formally address and resolve the issues with the NIH Division of Grants Compliance and Oversight.

The results of the pilot program will be shared with the NIH research community as part of its continuing educational efforts to improve and enhance compliance with FCOI requirements. The continuation of this program will be based on an assessment of this pilot.

» Back to top

Notice Regarding Authentication of Cultured Cell Lines

The NIH recently issued a *Guide notice* in response to an open letter to U.S. Department of Health and Human Secretary Leavitt from Dr. Roland Nardone and his colleagues. Dr. Nardone is a professor emeritus at the Catholic University of America's Discovery Center for Cell and Molecular Biology. In the open letter, Dr. Nardone identified a number of instances in which research findings have been based on misidentified cultured cell lines. Authentication of experimental materials is an important aspect of any research protocol and the NIH relies on peer reviewers to identify applications that employ appropriate methodology. The NIH encourages the community to develop acceptable practices in this regard and to

11

ensure that all scientific findings are based on the most reliable methodology available. Additional information on this important issue is available in the notice.

GWAS Implementation Guidance Available

Guidance and instructions for applicants regarding implementing the NIH Policy for Sharing of Data Obtained in NIH Supported or Conducted Genome-Wide Association Studies (GWAS) are available in the Implementation Guidance and Instructions for Applicants: Policy for Sharing of Data Obtained in NIH-Supported or Conducted Genome-Wide Association Studies *NIH Guide* and on the GWAS Web site.

Applicants proposing GWAS are expected to provide a data sharing plan or explanation why submission of GWAS data to the NIH repository will not be possible. Guidance documents include information on submitting data to the repository, requesting access to data in the repository, points to consider for institutional review boards and institutions, protections for research participants and frequently asked questions.

The Policy applies to competing grant applications that include GWAS and are submitted for the January 25, 2008 and subsequent receipt dates.

NIH Director's Pioneer and New Innovator Award Programs Launch 2008 Application Cycles
Highly Innovative Research Proposals Sought

NIH is calling for applications for 2008 NIH Director's Pioneer and New Innovator Awards. Both programs support exceptionally creative scientists who take highly innovative—and often unconventional—approaches to major challenges in biomedical or behavioral research.

Pioneer Awards are open to scientists at any career stage, while New Innovator Awards are reserved for new investigators who have not received an NIH regular research (R01) or similar grant.

The programs, part of the NIH Roadmap for Medical Research, complement other NIH efforts to fund innovative research and support scientists in the early stages of their independent research careers.

"We want investigators to give us their boldest, most imaginative research proposals," said NIH Director Elias A. Zerhouni, M.D. "The Pioneer and New Innovator Awards are designed to nurture out-of-the-box ideas that may have more than the usual degree of risk but that, if successful, will have unusually high scientific impact."

Pioneer Awards provide $2.5 million in direct costs over five years and New Innovator Awards provide $1.5 million in direct costs over the same period. NIH expects to make five to 10 Pioneer Awards and up to 24 New Innovator Awards in September 2008.

"To continue our strong record of diversity in these programs, we especially encourage women and members of groups that are underrepresented in NIH research areas to apply," added Jeremy M. Berg, Ph.D., director of the National Institute of General Medical Sciences, which runs the programs for NIH.

Pioneer Award applications will be accepted from December 16, 2007, to January 16, 2008.

The New Innovator Award application period is from March 3 to 31, 2008.

The streamlined, electronic application process centers on an essay describing the investigator's idea, its significance, and what makes it particularly innovative. New Innovator Award proposals allow preliminary data but do not require it.

13

"Both programs give awardees considerable freedom to follow their scientific instincts and pursue promising new directions that may emerge in the course of their explorations," Zerhouni noted.

Consistent with the novelty of other elements of the programs, applications are evaluated using a special process that is itself an experiment in peer review.

》Back to top

NIH PECASE Awardees Announced

Twelve young NIH extramural and intramural scientists received the 2006 Presidential Early Career Award in Science and Engineering (PECASE) during a November 1 White House ceremony.

Nine NIH Institutes and Centers are represented among the 12 NIH grantees, one of which is an intramural scientist.

For additional details, see Dr. Zerhouni's statement regarding the NIH-supported PECASE recipients.

》Back to top

ELECTRONIC EMPHASIS

What's That "Additions for Review" Link All About?

14

Did you notice something new in the Electronic Research Administration (eRA) Commons status information screen for an application/grant?

A recent eRA software update introduced a new link under the "Other Relevant Documents" section called "Additions for Review." Recently, a new eRA function was provided to NIH staff called eAdditions. eAdditions provides review staff with a limited ability to add documents to the grant folder, post-submission, to make them accessible to reviewers and appropriate NIH staff.

The policies regarding application addenda remain the same…the original application is kept intact and any addenda are approved and added at the discretion of the NIH scientific review officer.

The new link provides view only access. It is not possible for principal investigators and/or institutions to directly add materials to this section of the grant folder. This new feature simply cuts down on the need for mixed media grant files and helps NIH achieve a goal of complete electronic records.

So, if you see an "Additions for Review (0 documents)" link, don't panic. It simply means there are no addenda associated with your application.

≫Back to top

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eSubmission TIPS

Track your application. You are responsible for making sure your application completes the submission process. Check the assembled application in eRA Commons. Remember, if you can't *VIEW* it, we can't *REVIEW* it.

Include effort greater than zero for all senior/key persons listed on the SF424 (R&R) budget form. Use either calendar months or a combination of academic and summer months. Visit the Frequently Asked Questions Regarding the Usage of Person Months Web page for more information.

Personal information is sometimes included in cover letters to explain

late applications. NIH takes steps to ensure that cover letters only are accessible to appropriate NIH staff, never reviewers. However, if you are uncomfortable including specifics in the cover letter due to the number of people within your institution that may come into contact with your application, it is acceptable to provide a general explanation and a note to call for additional details.

Scanning paper documents, without the proper optical character recognition (OCR) process, may hamper the processing of your application. Applicants should avoid scanning text documents to produce required grant application attachments. Instead, NIH recommends using text or word-processing software to produce portable document format materials whenever possible.

≫Back to top

ANNOUNCEMENTS

NIH Under Continuing Resolution

NIH is currently operating under a continuing resolution (CR), effective through December 14 and extended from the initial continuing resolution that expired on November 16. This means that the NIH is also operating under fiscal year 2007 appropriations fiscal policies.

During this CR, NIH Institutes and Centers will fund research projects, centers and other non-competing research grant awards at a level below that indicated on the Notice of Award (up to 80 percent of the previously committed level). NIH will consider upward adjustments to these levels after the final appropriation is enacted, but expects institutions to monitor their expenditures carefully during this period.

Ruth L. Kirschstein National Research Service (F and T) awards and NIH career development (K) awards should be funded at their committed levels.

A CR is legislation enacted by Congress when the new fiscal year is about to begin (or has begun) to provide budget authority for federal agencies and programs to continue operating until regular appropriations acts are ratified.

More information is available in the associated *NIH Guide for Grants and Contracts notice*.

New OER Resource Sharing Web Page

OER has a new NIH Sharing Policies and Related Guidance on NIH-Funded Research Resources Web page available to the public.

It is a single, central, comprehensive listing of the various NIH sharing policies and related guidance. It also includes links to further information about each of the policies.

NSF Federal Funding Report Available

The National Science Foundation recently issued its *Federal Science and Engineering Support to Universities, Colleges, and Nonprofit Institutions: FY 2005* report.

The publication responds to the National Science Foundation Act of 1950, which requires that NSF reports to the President and Congress statistics for the 19 federal agencies that account for nearly all support for science and engineering research and development conducted at institutions of higher education.

Research Performance Progress Report—Call for Comments

The National Science Foundation (NSF) published a notice in the November 9 *Federal Register* seeking comments (due by January 8, 2008) on a proposed new standardized Research Performance Progress Report.

The standardized form is an initiative of the Research Business Models Subcommittee (RBMS) of the National Science and Technology Council, and if adopted, would be used across federal science agencies, not only for NSF.

A cadre of senior NIH extramural officials participate in the RBMS, fostering the goal of standardization across federal agencies.

Additional information about the Research Performance Progress Report and the RBMS is located at the National Science Foundation Web site.

»Back to top

NIH Evaluates its Programs

NIH is committed to the evaluation of its programs to identify the best way to meet the objectives established by Congress.

Evaluating research training programs is an ongoing activity, with results made available at the Extramural Training Mechanisms Web page. NIH is currently evaluating methodologies for a career award evaluation.

NIH also is embarking on an assessment of its Loan Repayment Programs to ensure that the program continues to meet the needs of the community. The Loan Repayment Policy Advisory Committee has formed an evaluation sub-committee. Dr. Milton Hernandez, NIAID, will lead the sub-committee's efforts.

»Back to top

NIH to Enhance Reporting of Public Health Relevance

The public needs to be informed of the health-related importance and significance of the projects NIH supports. To this end, OER is investigating options for displaying public health relevance statements in the results of CRISP (Computer Retrieval of Information Scientific Projects) searches.

Although a few technical issues remain to be solved, in the near future, OER expects that at least 80 percent of new projects awarded in 2008 will display, in addition to the abstract, a distinct box featuring the principal investigator's statement of the public health significance of their research.

In 2003, NIH started a change in the PHS 398 application instructions to require the inclusion of a statement of "public health relevance" to the Abstract section (also known as the "Project Description"). The Office of Management and Budget approved the change in September 2004. Some applications still use the PHS 398, in which the public health statement remains in the Abstract.

≫Back to top

WHERE IN THE WORLD IS THE NIH VISITOR INFORMATION CENTER AND NOBEL LAUREATE HALL?

The *NIH Extramural Nexus* has recently learned some little-known facts about the NIH Visitor Information Center and Nobel Laureate Hall. Did you know that the Center…

- Welcomes to the NIH approximately 3,000 guests from around the world each year, including students of all ages, patients, constituency groups, professional groups, diplomats, members of Congress and their employees, academics, national and international researchers and the interested public?

- Is located on the main level of the Natcher Conference Center (Building 45) on the NIH campus?

- Offers an *About the NIH* DVD and video in English, Spanish, French, German, Korean, Chinese, Japanese and Russian?

- Showcases photos of more than 120 NIH-funded Nobel Laureates in the NIH Nobel Laureate Hall?

- Has recently hosted international delegations from Austria, Canada, China, France, Germany, Italy, Japan, Mexico, Paraguay and the United Kingdom?

Contact information and additional details on these and other services provided by the NIH Visitor Information Center are available at the Visitor Information Center Web page.

≫Back to top

National Institutes of Health
OFFICE OF EXTRAMURAL RESEARCH

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