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**Request for Information regarding Financial Conflict of Interest related to  
Public Health Service - Funded Research**

1. Information about you:

Name: \_\_\_\_\_  
(first, last)  
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City, State, Zip Code: \_\_\_\_\_  
10 digit phone number: \_\_\_\_\_

2. Information about your request:

NIH Award Number: \_\_\_\_\_

Name of the Investigator: \_\_\_\_\_  
(first, last)

*If you need assistance with this information, please access the National Institutes of Health's Report tool for assistance at <http://projectreporter.nih.gov/reporter.cfm>.*

Reason for Request: \_\_\_\_\_  
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