



National Center for
Research Resources

NATIONAL INSTITUTES OF HEALTH

*T*ranslating research from basic discovery to improved patient care

INBRE Principal Investigators and
Program Coordinators Meeting
October 4, 2011

**Annual Progress Reports (APRs),
Research Advances, et cetera**

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Annual Progress Reports, Research Advances, et Cetera - Topics To Be Covered

- **“Annual Progress Reports”**
- **NCRR Scientific Information System (SIS)**
- **Science Advances**
- **NIH Public Access Policy (publications)**
- **Population Tracking**

Annual Progress Reports (APRs) Form PHS 2590

Form Approved Through 06/30/2012		OMB No. 0625-0001			
Department of Health and Human Services Public Health Services		Review Group	Type	Activity	Grant Number
Grant Progress Report					
1. TITLE OF PROJECT		Total Project Period From: _____ Through: _____ Requested Budget Period From: _____ Through: _____			
2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code)		2b. E-MAIL ADDRESS			
3a. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)		2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT			
6. HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes		2d. MAJOR SUBDIVISION			
5a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		2e. Tel: _____ Fax: _____			
5b. Exempt ("Yes" in 5a): Exemption No. _____ IRB approval date _____		3b. Tel: _____ Fax: _____			
6b. Federal Wide Assurance No. _____		3c. DUNS: _____			
6c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4. ENTITY IDENTIFICATION NUMBER			
7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes		5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL			
7a. If "Yes," IACUC approval Date _____		Tel: _____ Fax: _____			
7b. Animal Welfare Assurance No. _____		E-MAIL: _____			
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD		10. PROJECT/PERFORMANCE SITE(S)			
8a. DIRECT \$ _____		Organizational Name: _____			
8b. TOTAL \$ _____		DUNS: _____			
9. INVENTIONS AND PATENTS <input type="checkbox"/> No <input type="checkbox"/> Yes		Street 1: _____			
If "Yes," <input type="checkbox"/> Previously Reported		Street 2: _____			
<input type="checkbox"/> Not Previously Reported		City: _____ County: _____			
11. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 13)		State: _____ Province: _____			
TEL: _____ FAX: _____ E-MAIL: _____		Country: _____ Zip/Postal Code: _____			
12. Corrections to Page 1 Face Page		Congressional Districts: _____			
13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Service terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 11. (in ink)		DATE	
PHS 2590 (Rev. 05/09)		Face Page		Form Page 1	

- “Progress Report Summary” (Form Page 5) of PHS 2590
- 2590 Due two months before start of next budget period

Annual Progress Reports (APRs) Logging-In to APRSIS

- **PI logs in with NIH eCommons credentials**
 - Designates other Owners and Users
 - Owners can submit data as “final” and lock submission
 - Owners can designate other Owners and Users
 - Designees sent e-mail with username/temp password
 - Change temp password at <https://password.nih.gov>
 - Log in to aprsis
 - Different procedure at “federated” institutions

NCRR format for Scientific Highlights/Science Advances

- **Project Title:**
- **Institution and State:**
- **PI Name:**
- **Background:** State what you are studying and why (in lay language)
- **Advance:** Provide details of the advance (in lay language)
- **How NCRR Grant Enabled Advance:** Did NCRR support pilot project, research core, provide technical and/or administrative support?
- **Public Health Impact Statement:** Why is this work significant?
- **Grant Support (all grant numbers):** IDeA grant P20 RR;
- **Publication Citation and Link (if applicable):**

Advance should be one page in length AND should be written in lay language

Summary of DRI Programmatic Accomplishments FY 2010

Program	# of Research Projects	# of Investigators	# of Publications	# of Presentations
COBRE	762	1,628	2,197	3,162
INBRE	410	1,531	783	2,081
RCMI	249	500	779	~1,000
Total	1,421	3,659	3,759	6,200+

Programs support academic institutions and research institutes in 30 states, D.C., and Puerto Rico, including 30 Medical Schools

Programmatic Highlights

- What programmatic activities have occurred as a result of your IDeA program? For example:
 - New collaborations and partnerships (IDeA an Non-IDeA States)
 - Additional funding
 - New programs
 - Faculty recruitment/development
 - Press releases and/or general articles/publications highlighting your center, etc

- Awards/honors to faculty, post-docs, students

Written in language that is understandable to the general public

NIH Public Access Policy

- **Ensures public access to the published results of NIH funded research.**
 - Scientists required to submit final peer-reviewed journal manuscripts that arise from NIH funds to the digital archive PubMed Central upon acceptance for publication
 - Papers accessible to the public on PubMed Central (PMC) no later than 12 months after publication
 - Anyone submitting an application, proposal or report to the NIH must include the PMC reference number (PMCID) when citing applicable papers that they author or that arise from their NIH-funded research
 - <http://publicaccess.nih.gov>

NCRR Public Access Policy & SIS

- **The SIS-prepared Progress Report Summary cannot be submitted as “final” with any non-compliant papers in the publications list**
 - Publications may be included in narrative material (e.g., Program Description)
 - Must include acceptable evidence for compliance with NIH public access policy, or explain why not covered
 - Program Officer must review each of the items included in narrative material and must include any papers that “might be non-compliant” in e-mail to PI and Business Official
 - Inform your authors and do not wait until the last minute

Difference Between PMCID and PMID

- **The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID)**
 - PubMed Central is an index of full-text papers
 - PubMed is an index of abstracts
 - PMCID links to full-text papers in PubMed Central
 - PMID links to abstracts in PubMed.
- **PMIDs have nothing to do with the NIH Public Access Policy**

Knowing When to Include Population Tracking Information

Tracking Information= Number of women, men and racial and ethnic participants in studies (target data and enrolled)

Tracking is required for:

- Research involving direct contact with **Human Subjects**
- Research conducted with biological specimens, cells, or data collected by you, or that you receive from another source that you can link to a living individual (**identifiable private information**)

When in doubt: Call your Program Official

- For all human subjects research both Targeted/Planned Enrollment Table and Inclusion Enrollment Report **must** be submitted on an **annual basis**

Population Tracking in Grant Applications

- Target/Planned Enrollment tables should be included in grant proposals when the application includes human subjects research
- When developing new competing or non-competing applications that include pilot projects that could **potentially** involve human subjects research
 - Check **Yes** for the use of human subjects PHS 398 Face Page
 - Address how the institution will ensure that pilot projects will comply with policies on human subjects protections, inclusion policies, and required education on the protection of human subjects

<http://www.grants.nih.gov/grants/policy/hs>

Targeted/Planned Enrollment Table

Principal Investigator/Program Director (Last, first, middle):

Targeted/Planned Enrollment Table
This report format should NOT be used for data collection from study participants.

Study Title:

Total Planned Enrollment:

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category Total of All Subjects*			
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
Racial Categories: Total of All Subjects *			

*The "Ethnic Category Total of All Subjects" must be equal to the "Racial Categories Total of All Subjects."

Reports the number of Individuals (by gender, ethnicity and race) you plan to enroll for the entire study;

Numbers should **Not** change from Year to Year

Inclusion Enrollment Report Table

Principal Investigator (Program Director) (not for public)

Inclusion Enrollment Report Table
This report format should NOT be used for data collection from study participants.

Study Title: _____

Total Enrollment: _____ Protocol Number: _____

Grant Number: _____

PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race

Ethnic Category	Sex/Gender			Total
	Females	Males	Unknown or Not Reported	
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (Individuals not reporting ethnicity)				
Ethnic Category: Total of All Subjects*				
Racial Categories				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More than one race				
Unknown or not reported				
Racial Categories: Total of All Subjects*				

PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)

Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or not reported				
Racial Categories: Total of Hispanics or Latinos**				**

* These totals must agree.
** These totals must agree.

PHS 3082590 (Rev. 06/01) Page _____ Inclusion Enrollment Report Format Page

Indicates the number of Individuals (by gender, ethnicity and race) you enrolled in study;

Numbers should be **cumulative** from Year to Year

Use of Vertebrate Animals

- When developing new competing or non-competing applications that include the addition of **pilot projects** that could **potentially** involve research using vertebrate animals
 - Check **Yes** for the use of vertebrate animals (on face page)
 - Address how the institution will ensure that pilot projects will comply with PHS Policy on Humane Care and Use of Laboratory Animals

<http://grants.nih.gov/grants/olaw/references/PHSPolicyLabAnimals.pdf>

Promoting Objectivity in Research for Which Public Health Service Funding is Sought

- Also known as the financial conflict of interest, or FCOI, regulations (42 CFR Part 50 Subpart F and 45 CFR Part 94.)
- Major changes to the 1995 regulations include:
 - Lower financial disclosure thresholds
 - New conflict of interest training
 - New public accessibility requirements
 - Increase transparency for travel reimbursement
- <http://www.gpo.gov/fdsys/pkg/FR-2011-08-25/pdf/2011-21633.pdf>

Inquiries

- **Technical questions:** ncrrsis@mail.nih.gov or 301-435-0733
- **Budget questions:** Grants Management Specialist
- **Programmatic questions:** Program Official
- **Additional information or non-technical questions about the Progress Report Summary section of your 2590 and the SIS:**
howellk2@mail.nih.gov or 301-435-0828.