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Response Summary:

1.. Name

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1a. Primary Investigator (if applicable)

N/A

- 5.. Select the appropriate box(es) to indicate third party sources from which you or your institution will receive payment or services at any time for any aspect of the proposed research (including but not limited to study design, manuscript preparation, statistical analysis, etc.). Please note: you do <u>not</u> need to include your primary employer.
 - No payment or services will be received by me or my institution for the proposed research
- 6.. Do you have any patents, whether planned, pending, or issued, broadly relevant to the proposed research?
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- 7.. Select the statement that applies:
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