

SCHOOL OF MEDICINE  
STANFORD UNIVERSITY, STANFORD, CALIFORNIA 94305 • (415) 723-5715

THOMAS C. MERIGAN, M.D.  
GEORGE E. AND LUCY BECKER  
PROFESSOR OF MEDICINE AND HEAD,  
DIVISION OF INFECTIOUS DISEASES

August 12, 1986

Mark Holodniy, M.D.  
Good Samaritan Medical Center  
Department of Internal Medicine-LL2  
Phoenix, AZ 85006

Dear Dr. Holodniy:

In response to your request, I am enclosing an application for a Division of Infectious Diseases fellowship for 1987, a brief description of our program as it appears in the Stanford University School of Medicine Brochure, and the research interests of the Infectious Diseases faculty. We usually plan a two to three year fellowship period. In addition to filling out this application, we would like to have three letters from individuals who are familiar with your abilities. It would also be useful if you could write a letter yourself describing what you expect to get out of a two year fellowship period in relation to your future goals.

Our fellowships are focused around a specific preceptor-fellow relationship, and the preceptor and fellow are expected to work together to obtain funding for the fellowship period. Such support is currently derived from U.S.P.H.S. research grants and contracts, as well as from private foundation and Stanford University sources. Thus far, we have been successful in obtaining such funds for all fellows accepted to our program. If you have any special support mechanism open to you that may pay your fellowship stipend, such as the armed forces or Public Health Service, it would be important to note this on the application. We feel it is important for a fellow candidate to work with a specific faculty member during his training program in the Division rather than to come to the Division without such a commitment. This, of course, facilitates the investigative undertaking.

In brief, our program represents complete training in infectious disease as it appears in medicine, pediatrics, surgery, surgical subspecialties, and oncology. This is done through the use of consultation both here at Stanford University Hospital and at the Veterans Administration Hospital in Palo Alto and the Santa Clara Valley Medical Center in San Jose. The three hospitals together give a very good cross section of problems in infectious disease, and there are several teaching activities each week for all fellows including all eight faculty members here in Infectious Diseases at Stanford. The fellow who is on the consulting service, approximately 4 months the first year, works with a sub-specialty resident, a

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faculty member, and one or two medical students in supplying consultations. We also accept certain fellows who do not rotate on the consulting service, but instead spend a full time commitment in laboratory investigation.

We look forward to receiving your application and letter.

Sincerely yours,

A handwritten signature in black ink, appearing to be 'T. Merigan', written in a cursive style.

Thomas C. Merigan, M.D.

tcm:pl

Enclosures

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**N** See instruction sheet and follow carefully. Complete and submit this form at the time trainee enters training, is reappointed, or the **O** reported appointment is amended. Return Institute/Division copy, green copy, and DRG Statistical copy to the PHS Awarding **T** component. For National Research Service Award (T32) trainees, a signed payback agreement must accompany this form on new **E** and reappointments. PLEASE USE TYPEWRITER.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service		1. Type <b>T32</b>	Activity <b>AT 070200 00</b>	I/D Serial No.		
<b>STATEMENT OF APPOINTMENT OF TRAINEE</b>		2. TYPE OF ACTION (Check one type) <input type="checkbox"/> New Appointment (NOT previously supported by this grant) <input checked="" type="checkbox"/> REAPPOINTMENT (Previously supported by this grant) <input type="checkbox"/> AMENDMENT OF ITEMS CHECKED <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 16 <input type="checkbox"/> 18				
3. NAME OF TRAINEE (Last, first, initial)		4. PERMANENT MAILING ADDRESS <b>Division of Infectious Diseases, S156 Stanford University, School of Medicine Stanford, CA 94305</b>				
5. SOCIAL SECURITY NO. <b>531-50-7036</b>	6. SEX <input checked="" type="checkbox"/> F <input type="checkbox"/> M	7. Birthdate (Mo, day, yr.) <b>10-22-58</b>				
8. U.S. Citizen or U.S. Noncitizen National OR Permanent Resident of U.S. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See instructions)		9. PRIOR NRSA SUPPORT (Individual or Institutional) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, See Instructions)				
10. EDUCATION - AFTER HIGH SCHOOL (Include all academic and professional education. For foreign degrees, give U.S. equivalent.)						
NAME OF INSTITUTION, DEPARTMENT & LOCATION (Most recent)		Month and Year Attended		Degree(s) received	MAJOR FIELD	MINOR FIELD
		From	To	Degree	Mo. & Yr.	
<b>Northwestern University Sch. Med, Chicago, IL</b>		<b>9/81</b>	<b>6/85</b>	<b>M.D.</b>	<b>6/85</b>	<b>Medicine</b>
<b>Seattle University, Seattle, WA</b>		<b>9/76</b>	<b>6/80</b>	<b>B.S.</b>	<b>6/80</b>	<b>Biology</b>
11. EMPLOYMENT - AFTER COLLEGE (Include military service, internships and residencies)						
NAME AND LOCATION OF EMPLOYER (Most recent)		OCCUPATION OR POSITION TITLE		FROM Mo. & Yr.	TO Mo. & Yr.	
<b>Good Samaritan/Phoenix VA, Phoenix, Arizona</b>		<b>Resident/Medicine</b>		<b>7/86</b>	<b>6/88</b>	
<b>Good Samaritan/Phoenix VA, Phoenix, Arizona</b>		<b>Intern/Medicine</b>		<b>6/85</b>	<b>6/86</b>	
<b>Swedish Hospital, Seattle, WA</b>		<b>Micro Bab. Tech.</b>		<b>7/80</b>	<b>8/81</b>	
12. Names of Specialty Boards:		12A. Seeking Certification For <b>N/A</b>		12B. Certified by (Include date of certification)		
13A. Is Trainee Seeking a Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13B. Degree(s) Sought		13C. Month and Year Expected		
14A. Discipline, Specialty or Field of Proposed Training <b>Infectious Diseases</b>			14B. Subdiscipline of Subspecialty of Proposed Training <b>Virology</b>			
15. Will this Training be taken in an Institution, School, Department other than that entered in Item 10? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," give complete name and address						
16. Period of this Appointment (Month, day, year) From <b>6/30/88</b> Thru <b>6/29/90</b>			17. Approximate percent of trainee's time on this appointment. <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25%			
19. This trainee is qualified for the proposed training and is eligible to receive financial support from this grant for the period specified above. A copy of this appointment form will be given to trainee.			18. TRAINING SUPPORT FOR PERIOD OF APPOINTMENT			
Signature of Program Director		Date <b>6/30/88</b>				
Typed Name of Program Director <b>Thomas C. Morgan, M.D.</b>		School <b>Stanford University</b>		Department <b>Medicine</b>		
Name and Address of Institution (Street, city, state, zip code) <b>Stanford University Stanford, CA 94305</b>		Signature of Trainee		Date <b>6/30/88</b>		
		20. I certify that the statements herein are true and complete to the best of my knowledge, and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. (A willfully false certification is a criminal offense. U.S. Code, Title 18, Section 1001.)				

PHS 2271  
Rev. 12/80

OMB No. 0925-0011  
Approved for use through 5/31/86

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**NATIONAL RESEARCH SERVICE AWARD**  
**PAYBACK AGREEMENT**

*This agreement is required under Section 472 of the Public Health Service Act, as amended (42 USC 2891-1),\* for all individuals who receive a National Research Service Award directly or through an institutional grant other than an award at the prebaccalaureate level.*

- I. **SERVICE REQUIREMENT** — *In accepting a National Research Service Award, I hereby agree to engage in health-related biomedical or health-related behavioral research and/or teaching within two years after termination of my National Research Service Award. This service shall be on a continuous basis, and shall be for a period equal to my total National Research Service Award support in excess of 12 months.*
- II. **PAYBACK PROVISIONS** — *I understand that if I fail to undertake or perform such service in accordance with Section I above, the United States will be entitled to recover from me an amount determined in accordance with the following formula:*

$$A = \phi \left( \frac{t-s}{t} \right)$$

*where "A" is the amount the United States is entitled to recover; "φ" is the sum of the total amount paid to me under my National Research Service Award support less the amount paid for the initial 12 months; "t" is the total number of months in my service obligation; and "s" is the number of months of such obligation served.*

*Except as provided in Section III below, any amount the United States is entitled to recover shall be paid within the three-year period beginning on the date the United States becomes entitled to recover such amount. Interest on the amount begins on the date the United States becomes entitled to recover such amount and is at the rate fixed by the Secretary of the Treasury after taking into consideration private consumer rates prevailing on that date.*

- III. **CONDITIONS FOR BREAK IN SERVICE, WAIVER AND CANCELLATION** — *I hereby understand that the Secretary of Health and Human Services:*
- A. *May extend the period for undertaking service, permit breaks in service, or extend the period for repayment, if it is determined that:*
- 1. Such an extension or break in service is necessary to complete my research training;*
  - 2. Completion would be impossible because of temporary disability; or*
  - 3. Completion would involve a substantial hardship and failure to extend such period would be against equity and good conscience;*

*(over)*

PHS 6031  
Rev. 10/85

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\*The National Research Service Award authority, formerly located at section 472 of the Public Health Service Act (42 USC 2891-1) has been recodified in section 487 of the Act (42 USC 288) by the Health Research Extension Act of 1985 (Pub. L. 99-158).

B. May waive my obligation if it is determined that:

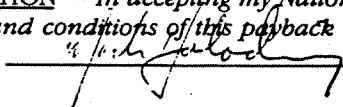
1. Fulfillment would be impossible because I have been permanently or totally disabled; or
2. Fulfillment would involve a substantial hardship and the enforcement of such obligation would be against equity and good conscience;

C. Will, in the event of my death, cancel any obligation incurred under this payback agreement.

IV. TERMINATION NOTICE — ANNUAL REPORT OF EMPLOYMENT — CHANGE OF ADDRESS AND/OR NAME — I agree to complete and submit a termination notice immediately upon completion of support. I agree to complete and submit all Annual Payback Activities Certification forms sent to me by the Public Health Service concerning post-award activities, and agree to keep the Public Health Service advised of any change of address and/or name until such time as my total obligation is fulfilled.

V. PROGRAM EVALUATION — I understand that I may also be contacted from time to time, but no more frequently than once every two years, after the termination of this award to determine how the training obtained has influenced my career. Any information thus obtained would be used only for statistical purposes and would not identify me individually.

VI. CERTIFICATION — In accepting my National Research Service Award, I certify that I will comply with the terms and conditions of this payback agreement.

Signature:  Date: June 30, 1988

Support received under PHS Award/Grant No. 5T32 AI-07089-09

Name (Last, First, Middle):

HOLODNIY, Mark

(Type or Print)

Mailing Address: c/o Division of Infectious Diseases, Room S-156

(Type or Print)

Stanford University School of Medicine

300 Pasteur Drive

Stanford, California 94305