

# **EXHIBIT 3**

## **Part 5 of 5**

PRINCIPAL INVESTIGATOR; PROGRAM DIRECTOR OR AWARD CANDIDATE (Last, first, middle)	SOCIAL SECURITY NUMBER
Goldwasser, Eugene	494-14-6535

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1. Miyake T, Kung CKH, Goldwasser E. J. Biol. Chem. 252:5558(1977).
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24. Emmanouel DS, Goldwasser E, Katz AI. Amer. J. Physiol. 274:168(1984).
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PRINCIPAL INVESTIGATOR, PROGRAM DIRECTOR OR AWARD CANDIDATE (Last, first, middle) Goldwasser, Eugene	SOCIAL SECURITY NUMBER 494-14-6535
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- 46. Schwartz RT, Datema R. *Adva. Carb. Chem. Biochem.* 40:287(1982).
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- 48. Goldwasser E, Jacobson LO, Freid W, Plzakl F. *Blood* 13:55(1958).
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PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR Goldwasser, Eugene

**CHECKLIST**

This is the required last page of the application.  
(Check the appropriate boxes and provide the information requested.)

**TYPE OF APPLICATION**

- NEW application (This application is being submitted to the PHS for the first time.)
- COMPETING CONTINUATION** of grant number: HL 21676  
(This application is to extend a funded grant beyond its current project period.)
- SUPPLEMENT** to grant number: \_\_\_\_\_  
(This application is for additional funds to supplement a currently funded grant.)
- REVISION** of application number: \_\_\_\_\_  
(This application replaces a prior unfunded version of a new, competing continuation or supplemental application.)
- Change of Principal Investigator/Program Director.  
Name of former Principal Investigator/Program Director: \_\_\_\_\_

**ASSURANCES** (See GENERAL INFORMATION section of instructions.)

- |   |   |   |   |   |
|---|---|---|---|---|
| a. Civil Rights   | b. Handicapped Individuals  | c. Sex Discrimination   | d. Vertebrate Animals<br>(If applicable)  | e. Human Subjects<br>(If applicable)  |
| <input checked="" type="checkbox"/> Filed<br><input type="checkbox"/> Not filed |

**INDIRECT COSTS**

Indicate the applicant organization's most recent indirect cost rate established with the appropriate DHHS Regional Office. If the applicant organization is in the process of initially developing or renegotiating a rate, or has established a rate with another Federal agency, it should, immediately upon notification that an award will be made, develop a tentative indirect cost rate proposal based on its most recently completed fiscal year in accordance with the principles set forth in the pertinent DHHS Guide for Establishing Indirect Cost Rates, and submit it to the appropriate DHHS Regional Office. Indirect costs will not be paid on foreign grants, construction grants, and grants to individuals, and usually not on grants in support of conferences.

- DHHS Agreement Dated: 06/30/83 modified \_\_\_\_\_  
\_\_\_\_\_ % Salary and Wages or 69 % Total Direct Costs.
- Is this an off-site or other special rate, or is more than one rate involved?  
(If "YES," explain and provide the basis for the indirect cost calculation.)  NO  YES
- DHHS Agreement being negotiated with \_\_\_\_\_ Regional Office.
- No DHHS Agreement, but rate established with \_\_\_\_\_ Date \_\_\_\_\_
- No Indirect Costs Requested.

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PROTECTION OF HUMAN SUBJECTS

Principal Investigator: Eugene Goldwasser

Department: Biochemistry & Molecular Biology

Title of Application: Erythropoietin: Purification, Properties, Biogenesis.

Sponsoring Agency: NIH (External, Departmental, Other, Etc.)

(This form MUST be completed and submitted with all grant and contract applications, before processing in the Dean's Office. Additionally, one copy of this form must be submitted to the CIC when submitting any protocol involving Human Subjects for review.)

Check the following statements that pertain to your application:

1.  Human subjects are not included in this application.
2.  Human Subjects Involved:
 

None of the following	(XX)
Minors	( )
Fetuses	( )
Abortuses	( )
Pregnant Women	( )
Prisoners	( )
Mentally Retarded	( )
Mentally Disabled	( )
3.  Human subjects are involved in this application. The protocol has been reviewed and approved by our Clinical Investigation Committee.
 

Date reviewed: 7/2/84 Protocol # 2399
4.  This research protocol was reviewed and approved by our Clinical Investigation Committee at the time I applied to another agency for funding:
 

Specify other agency: \_\_\_\_\_  
 Title of Application: \_\_\_\_\_  
 Date reviewed: \_\_\_\_\_ Protocol # \_\_\_\_\_
5.  This application includes human subjects, but has not received approval by the Clinical Investigation Committee, and therefore, must be submitted. (This will be handled by the Dean's Office.)
6.  Do you intend to obtain informed consent in writing? Yes  No
7.  If the informed consent is obtained in writing, will you devise a special form? Yes  No . If the answer is yes, please enclose a copy of the intended statement.
8.  If research subjects are to be paid, please give us the details (budget page does not reach Clinical Investigation Committee). Please indicate whether these subjects are patient volunteers or non-patient volunteers.

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Signature of Principal Investigator

Date **CONFIDENTIAL**  
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Revised 3/77

BSO  
RECOMBINANT DNA RESEARCH

Principal Investigator: Eugene Goldwasser

Department: Biochemistry & Molecular Biology

Title of Application: Erythropoietin: Purification, Properties, Biogenesis

Sponsoring Agency: NIH, External, NHLBI (External, Departmental, Other, Etc.)

(This form MUST be completed and submitted with all grant and contract applications, before processing in the Dean's Office. Additionally, one copy of this form must be submitted to the Institutional Biosafety Committee (IBC) if any recombinant DNA research is proposed in your application.)

Check the following statements that pertain to your application.

- 1.  Experiments with recombinant DNA molecules<sup>1</sup> are not included in this application.
- 2.  Experiments with recombinant DNA molecules are included. According to the NIH Guidelines of January 1980, these experiments fall into one or more of the following categories:
  - (a)  Exempt from the Guidelines<sup>2</sup>. If so, provide the following information:
    - Nature of DNA sequences to be cloned Erythropoietin gene, erythropoietin receptor gene
    - Source of DNA (organism) mouse
    - Vector PBR32
    - Host E. Coli.
  - (b)  Governed by the Guidelines although an MUA need not be submitted<sup>3</sup>. If this is the case, provide the following information:
    - Nature of DNA sequence to be cloned \_\_\_\_\_
    - Source of DNA (organism) \_\_\_\_\_
    - Vector \_\_\_\_\_
    - Host \_\_\_\_\_

(Note that this signed form containing the requested information serves as the required registration document.)

- (c)  Governed by the Guidelines and requiring submission of an MUA<sup>4</sup>. If this is the case, an MUA must be prepared according to the format required by the IBC and the NIH Guidelines of January 1980 and submitted to the IBC Chairman for review and approval by the Committee.

NOTE THAT YOU MAY HAVE PROPOSED EXPERIMENTS IN ALL 3 OF THESE CATEGORIES.

31 Aug 84  
Date

Eugene Goldwasser  
Signature of Principal Investigator

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THE UNIVERSITY OF CHICAGO

STATEMENT TO ACCOMPANY APPLICATION FOR  
CONTRACT, GRANT OR AWARD

TO NIH  
(Sponsoring Agency or Organization)

PROPOSAL TITLE:

Erythropoietin: Purification, Properties, Biogenesis

PRINCIPAL INVESTIGATOR(S): (Please type)

(1) Goldwasser, Eugene

(2) \_\_\_\_\_

(3) \_\_\_\_\_

DATE: 8 / 30 / 84

The Principal Investigator(s) understand that any invention made or discovered by the Principal Investigator(s) or other staff in the course of activities encompassed by this application is subject to the terms of the University contract, grant or award document and rights shall be assigned and processed in accordance with the University Statute on patents now in effect. The Principal Investigator(s) agrees to ensure that all appropriate individuals working or consulting on this project shall be aware of this patent disclosure and assignment requirement.

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Signed by Principal Investigator(s):

(1) 

(2) \_\_\_\_\_

(3) \_\_\_\_\_

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