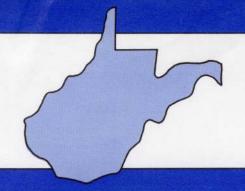
PRESS RELEASE



U.S. Congressman Nick Raha WORKING FOR WEST VIRGINIANS

FOR IMMEDIATE RELEASE October 7, 1993

CONTACT: KENT KEYSER Acting Press Secretary Phone: (202) 225-3452

MARSHALL MEDICAL SCHOOL AWARDED \$91,000 FEDERAL GRANT

WASHINGTON, DC -- U.S. Rep. Nick Rahall (D-WV) announced today that the Marshall University School of Medicine's Department of Pharmacology was awarded a \$91,187 research grant from the National Institute of Diabetes and Digestive and Kidney Diseases.

The research grant will be used to study factors modulating cephaloridine nephrotoxicity.

"The research funded by this grant will be used to improve the health of West Virginians and all Americans," said Rahall.

09/29/93	93.847 except that any additions or		OF HEALTH AND HUMAN	SERVICES
UPERSEDES AWARD NOTICE dated estrictions previously imposed remain in effect unless specifically rescinded.		NATIONAL INSTI	JBLIC HEALTH SERVICE TUTES OF HEALT	Н
	5. ADMINISTRATIVE CODES	The same of the sa		
FRANT NO. 1 R15 DK45099-01A1		NATL. INST. OF DIABETES AND DIGESTIVE		
rmerly:	124	A NOTICE OF GRANT AWARD		
DJECT PERIOD Mo./ Day / Yr.	Mo./ Day / Yr.	AUTH	ORIZATION (Legislation/Regulation)	
05/01/03 Through	05/31/9593 [42 USC 241 42	CER 52	
OGET PERIOD Mo./ Day / Yr.	Mo./ Day / Yr.		RCH ENHANCEMEN	IT AWARDS
om 06/01/93 Through	05/31/95		FVISED	T AMAREC
THE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)	03/31/33			
FACTORS MODULATING CE	PHALORIDINE N	VERHROTOXICITY.	TOX-	
ANTEE NAME AND ADDRESS	FORLUNI ULING	10. DIRECTOR OF PROJECT (PROGRA	AM DIRECTOR / PRINCIPAL INVESTIGATOR) (L	AST NAME FIRST AND ADDRESS
MARSHALL UNIVERSITY	RES. CORP.	VALENTOV	IC, MONICA A	PHD
1050 FOURTH AVENUE		MARSHALL UNIV SCH OF MEDICINE		
HUNTINGTON, WV 2575	5	DEPARTME	NT OF PHARMACO	LOGY
	2		NG VALLEY DR	
	5	HUNTINGT	ON, WV 25755-	9310
	1.			
PROVED BUDGET (Excludes PHS Direct Assistance)		12. AWARD COMPUTATION FOR FINANCIAL ASSIST	ANCE	
PHS Grant Funds Only		a. Amount of PHS Financial Assistance (from Item 11.u. /		
Total project costs including grant funds and all other finance	ial participation I	b. Less Unobligated Balance From Pr		0
(Select one and place NUMERAL in box		c. Less Cumulative Prior Award(s) Ti		91,187
38,540		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$		
	562	13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO	O THE AVAILABILITY OF FUNDS AND SATISFA	ACTORY PROGRESS OF THE PROJECT):
Tringe benefits	50,102	YEAR TOTAL DIRECT COSTS / STIPEN		TOTAL DIRECT COSTS STIPENDS
Consultant Costs	0	a.	d.	
Equipment	1.600	b.	е.	
Supplies	16,088	c.	f.	
Travel	2,200	14. APPROVED DIRECT ASSISTANCE BUDGET IN LI	IEU OF CASH):	
Patient Care – Inpatient	0	a. Amount of PHS Direct Assistance	\$\$	
- Outpatient	0	b. Less Unobligated Balance From Prior Budget Periods \$		
Alterations and Renovations	0	c. Less Cumulative Prior Award(s) This Budget Period\$		
. Other	0	d. AMOUNT OF DIRECT ASSISTANCE	The second secon	
Consortium/Contractual Costs	0	15. PROGRAM INCOME SUBJECT TO 45 CFR PART		BE USED IN ACCORD WITH ONE OF
n. Trainee Related Expenses	•	THE FOLLOWING ALTERNATIVES: (Select One	and Place LETTER in box.)	
n. Trainee Stipends	0	a. DEDUCTION		
	0	b. ADDITIONAL COSTS		
b. Trainee Travel	0	c. MATCHING		
a. TOTAL DIRECT COSTS → \$	69,990	d. OTHER RESEARCH (Add / Deduct Option)		
. INDIRECT COSTS (Rate % of S&W/TADC) \$	21,197	e. OTHER (See REMARKS)		
TOTAL APPROVED BUDGET \$	04 407	16. THIS AWARD IS BASED ON AN APPLICATION SU	BMITTED TO, AND AS APPROVED BY, THE PHS	ON THE ABOVE TITLED PROJECT AND IS SUE
SBIR Fee \$		TO THE TERMS AND CONDITIONS INCORPORA a. The grant program legislation cite	d above b. The grant program	n regulation cited above.
Federal Share	91,187	c. This award notice including terms d. PHS Grants Policy Statement incl	and conditions if any noted below	v under REMARKS. eginning date of the budget period
v. Non-Federal Share\$		a AE CER Part 74 or A5 CER Part 9	12 as applicable	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precidence shall prevail. Accepta of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment, system		
	T Ale 1	CTALIST: MS HELEN	Y S LING 301	594-7543
MARKS: (Other Terms and Conditions Attached - Yes	PROGRAM O	FFICIAL: DR M JAM	ES SCHERBENSKE	301 594-7541
IS GRANT IS INCLUDED U	JNDER EXPANDE	D AUTHORITIES.		
GRANTS MANAGONENT OFFICER: (Signature)		(Name-Typed/Print)	(Title)	
1/11/11/11/11/11		NANCY C. DIXON.	GRANTS MANAGE	MENT OFFICER
OBJ. CLASS. 41/4A	18. /	CRS - EIN 1550683361A1	19. LIST NO.:	
FICAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT. ACTION FN. ASST.	AMT. ACTION DIR. ASST.
	R5DK45099	A A C.		e.
	b. RSDR45093	c. d		e.
21. 2.		c.	1.	e.