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National Institutes of Health Public Access: All You Need to Know

Rosenzweig, Merle

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National Institutes of Health Public Access Policy*



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Merle Rosenzweig
oriley@umich.edu



WHAT WILL BE COVERED

- About the policy
- Complying
- Submitting to the NIH Manuscript Submission System (NIHMS)
- The Policy and eRA Commons



U.S. Department of Health & Human Services



National Institutes of Health Public Access

The Public Access Policy ensures that the public has access to the published results of NIH funded research to help advance science and improve human health.

In accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008), the NIH voluntary Public Access Policy ([NOT-OD-05-022](#)) is now mandatory. The law states:

The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: Provided, That the NIH shall implement the public access policy in a manner consistent with copyright law.

Specifics

1. The NIH Public Access Policy applies to all peer-reviewed articles that arise, in whole or in part, from direct costs ¹ funded by NIH, or from NIH staff, that are accepted for publication on or after April 7, 2008.
2. Institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles fully comply with this Policy.
3. PubMed Central (PMC) is the NIH digital archive of full-text, peer-reviewed journal articles. Its content is publicly accessible and integrated with other databases (see: <http://www.pubmedcentral.nih.gov/>).
4. The final, peer-reviewed manuscript includes all graphics and supplemental materials that are associated with the article.
5. Beginning May 25, 2008, anyone submitting an application, proposal or progress report to the NIH must include the PMC or NIH Manuscript Submission reference number when citing applicable articles that arise from their NIH funded research. This policy includes applications submitted to the NIH for the May 25, 2008 due date and subsequent due dates.

Compliance

Compliance with this Policy is a statutory requirement and a term and condition of the grant award and cooperative agreement, in accordance with the *NIH Grants Policy Statement*. For contracts, NIH includes this requirement in all R&D solicitations and awards under Section H, Special Contract Requirements, in accordance with the Uniform Contract Format.

<http://publicaccess.nih.gov/policy.htm>

PUBMED CENTRAL (PMC)*



What is PMC?

- A free archive of biomedical and life sciences journal literature at the U.S. National Institutes of Health's National Library of Medicine (NIH/NLM) launched in February 2000.
- Provides permanent access to all of its content.
- All the articles in PMC are free (sometimes on a delayed basis).
- Some journals go beyond free to Open Access. If an article is Open Access it means that it can be freely accessed by anyone in the world using an internet connection.
- Copyright restrictions - all material available is protected by U.S. and/or foreign copyright laws.

*More information about NIH Public Access and its relationship with PMC
@ <http://www.ncbi.nlm.nih.gov/pmc/about/public-access-info/>



NIH Public Access

NIH Manuscript Submission System

The NIH Manuscript Submission system allows you to submit an electronic version of your peer-reviewed final manuscript for inclusion in [PubMed Central](#).

NATIONAL INSTITUTES OF HEALTH MANUSCRIPT SUBMISSION (NIHMS) SYSTEM

What is NIHMS:

- Developed by NIH to facilitate the submission process of final, peer-reviewed manuscripts.
- The final peer-reviewed manuscripts covered by the NIH Public Access Policy are deposited into NIHMS.
- The files deposited should include the text file (can be .doc, docx, rtf), figures and/or tables if not within the text document, and any supplemental data if applicable.
- The files that are deposited are converted to a standard PMC format (.pdf) and then reviewed by the depositor to confirm that the converted final peer-reviewed manuscript is faithful to the original (all the deposited files are within the appropriate place).

COMPLYING WITH THE POLICY

- All of an NIH grantee's publications that come under the NIH Public Access Policy, including in press and in print, must show evidence of compliance in NIH competing grant applications, non-competing continuation grant applications, and progress reports.
- Applications, Proposals and Reports must include evidence of compliance with the NIH Public Access Policy for all applicable papers that are authored by the Principal Investigator (PI) or arose from the PI's NIH funds.

WHO IS RESPONSIBLE?

The Principle Investigator who's NIH grant funds were used in the research that is reported in the publication is responsible for assuring compliance with the policy even if the grantee is not an author.

STEPS IN COMPLYING

1. Determine Applicability

2. Address Copyright

3. Submit Manuscript

4. Include PMCID or NIHMSID in Citations

DETERMINE APPLICABILITY

The Policy applies to any manuscript that:

- Is peer-reviewed;
- And, is accepted for publication in a journal on or after April 7, 2008;
- And, arises from:
 - Any direct funding from an NIH grant or cooperative agreement active in Fiscal Year 2008 or beyond, or;
 - Any direct funding from an NIH contract signed on or after April 7, 2008, or;
 - Any direct funding from the NIH Intramural Program, or;
 - An NIH employee

ADDRESS COPYRIGHT

1. Ensure your publishing agreement allows the paper to be posted to PubMed Central in accordance with the NIH Public Access Policy.
2. Final, peer-reviewed manuscripts must be posted to the NIHMS upon acceptance for publication, and be made publicly available on PMC no later than 12 months after the official date of publication.
3. Points to consider:

POINTS TO CONSIDER WHEN ADDRESSING COPYRIGHT

- Which submission method will be used?
- What version of the paper will be made available on PMC?
- Who will submit the paper?
- When will it be submitted?
- Who will approve the submission?
- When will the paper be made public on PMC?

**SUBMITTING TO THE
NIH MANUSCRIPT SUBMISSION SYSTEM
(NIHMS)**

SUBMISSION METHODS

There are four methods to ensure that an applicable paper is submitted to PubMed Central (PMC) in compliance with the NIH Public Access Policy.

METHOD A

- Journal deposits final published articles in PubMed Central without author involvement.
- Some journals automatically deposit all NIH-funded final published articles in PubMed Central, to be made publicly available within 12 months of publication, without author involvement.

http://publicaccess.nih.gov/submit_process_journals.htm

Identify Submission Method

Enter a journal name below to see if it uses [Submission Method A](#). These journals make the [final published version](#) of all NIH-funded articles available in PubMed Central (PMC) no later than 12 months after publication without author involvement. The start date shown for each journal is the earliest publication date that meets this requirement.

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If the journal is not listed below, please click [here](#) to see if the journal publisher has another method to support compliance with the Public Access Policy.

METHOD B

- Author asks publisher to deposit specific final published article in PMC.
- Some publishers will deposit the final published article in PubMed Central upon request, generally for a fee.

The publisher programs that have this arrangement with NIH are:

- ACS AuthorChoice
- APA Open Access
- BMJ Open Access and BMJ Unlocked
- Cambridge Open Access
- ERJ Open
- European Society of Endocrinology Open Access
- Hogrefe OpenMind
- Maney MORE Open Choice
- NPG Open Access
- Portland Press Opt2Pay
- RSM Open
- Royal College of Psychiatrists Open Access
- Royal Society of Chemistry
- SAGE Choice
- Society for Endocrinology Open Access
- Society for Reproduction and Fertility Open Access
- Springer Open Choice
- Taylor & Francis iOpenAccess
- Wiley-Blackwell Online Open

Please contact the respective journals directly for details on their programs.

METHOD C

- Author deposits final peer-reviewed manuscript in PMC via the NIHMS.
- Deposit the final peer-reviewed manuscript involves four steps.
- NIH awardees are responsible for ensuring that manuscripts are submitted to the NIHMS upon acceptance for publication and that all NIHMS tasks are complete within three months of publication.

METHOD D

- A variation of Method C.
- Some publishers deposit the manuscript files in the NIHMS.
- The publisher provides contact information for a corresponding author.
- The publisher designates the number of months after publication when the paper may be made publicly available in PMC.
- Though a publisher may make the initial deposit of files under Method D, NIH awardees are responsible for ensuring that manuscripts are submitted to the NIHMS upon acceptance for publication and that all NIHMS tasks are complete within three months of publication.
- The NIHMS will notify the author when the manuscript files are received from the publisher.
- In this method the author must complete all of the tasks outlined for Method C, except for the file deposit part.

Note that the publisher may submit a version that has typos and formatting issues but has gone through peer-review.

WHAT TO DEPOSIT

•Journal Articles

- * The final, peer-reviewed manuscript, after all reviewer comments have been addressed.
- * This can be a .doc, .docx, rtf, or .pdf file.
- * Also, tables, images, and supplemental material that is not included inbedded in the manuscript.
- * Manuscripts that have been accepted for publication after April 7, 2008.

•What Does Not Need To Be Deposited

- * Book chapters
- * Non-peer reviewed journal articles - i.e. letters to the editor, commentary, conference proceedings
- * Dissertations







The final version of the manuscript that is published by the journal cannot be deposited unless permission is obtained from the publisher.

NIH Manuscript Submission System

Login Options

The NIH Manuscript Submission allows you to submit an electronic version of your peer-reviewed final manuscript for inclusion in [PubMed Central](#). Eligible manuscripts must have been funded by one of the participating groups listed in the login table below.

Choose a login route:

Route	Users	Policy
 NIH & eRA Commons	NIH intramural and extramural scientists NOTE: eRA Commons account holders now enter login credentials on the "NIH Login" screen.	
 publisher	publishers	
 HHMI	Howard Hughes Medical Institute investigators	
 myNCBI	others	

 You should use the same login for all subsequent visits.

NIHMS does not maintain these login routes. If you experience problems with your login, please contact the institution that is responsible for the account. If you do not have an account, myNCBI allows users to create new accounts; click on the myNCBI route to create one.

If you are a PI, you can register for an eRA Commons account at <https://commons.era.nih.gov/commons/registration/registrationInstructions.jsp>.

For more information on how to use this system to submit your manuscript see [User's Guide](#).

The National Institutes of Health Manuscript Submission (NIHMS) system is a service of NCBI.

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THERE ARE FOUR STEPS INVOLVED IN SUBMITTING A MANUSCRIPT TO THE NIHMS SYSTEM

1. Set up the manuscript - provide bibliographic information and NIH grant information. At this point a NIHMSID# is assigned.
2. Submit the manuscript files - upload all manuscript files, including figures, tables and supplementary information.
3. Approve the PMC-formatted (PDF) Manuscript for Public Display.
4. Approve the Web version - review and approve a web version of the manuscript that will appear in PubMed Central.

AFTER APPROVAL–

- The NIHMS will email the author and all PIs the citation with the PMCID once it is assigned.
- PMC will automatically make the paper publicly available after the designated delay period has expired.

SHOWING COMPLIANCE BY THE NUMBERS

The following three identifiers indicate that the publication is in compliance with the NIH Public Access Policy:

1.PMCID: PMCID#####

2.Or, NIHMSID: NIHMSID#####

3.Or if the journal automatically deposits: PMC Journal - In Process

DEFINITIONS OF IDENTIFIERS

1. A PMID is a unique identifier in the Medline/PubMed database and does not indicate compliance with the NIH Public Access Policy.

Example: PMID: 12748199

2. A PMCID is a Pubmed Central unique identifier and is used to indicate compliance with the NIH Public Access Policy.

Example: PMCID:PMC2901972

3. A NIHMSID is used for a manuscript which has been submitted to PubMed Central but has not yet been assigned a PMCID. It demonstrates compliance with the NIH Public Access Policy but can only be used for 3 months.

Example: NIHMSID:NIHMSID302380

4. PMC Journal - In Process is used for a manuscript which has been submitted to PubMed Central by the journal but has not yet received a PMCID.

Example: PMCID: PMC Journal - In Process

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[Nat Genet.](#) 2011 Jul 3;43(8):776-84. doi: 10.1038/ng.891.

A transition zone complex regulates mammalian ciliogenesis and ciliary membrane composition.

[Garcia-Gonzalo FR](#), [Corbit KC](#), [Sirerol-Piquer MS](#), [Ramaswami G](#), [Otto EA](#), [Noriega TR](#), [Seol AD](#), [Robinson JF](#), [Bennett CL](#), [Josifova DJ](#), [Garcia-Verduquo JM](#), [Katsanis N](#), [Hildebrandt F](#), [Reiter JF](#).

Department of Biochemistry and Biophysics, University of California, San Francisco, San Francisco, California, USA.

Abstract

Mutations affecting ciliary components cause ciliopathies. As described here, we investigated Tectonic1 (Tctn1), a regulator of mouse Hedgehog signaling, and found that it is essential for ciliogenesis in some, but not all, tissues. Cell types that do not require Tctn1 for ciliogenesis require it to localize select membrane-associated proteins to the cilium, including Arl13b, AC3, Smoothened and Pkd2. Tctn1 forms a complex with multiple ciliopathy proteins associated with Meckel and Joubert syndromes, including Mks1, Tmem216, Tmem67, Cep290, B9d1, Tctn2 and Cc2d2a. Components of this complex co-localize at the transition zone, a region between the basal body and ciliary axoneme. Like Tctn1, loss of Tctn2, Tmem67 or Cc2d2a causes tissue-specific defects in ciliogenesis and ciliary membrane composition. Consistent with a shared function for complex components, we identified a mutation in TCTN1 that causes Joubert syndrome. Thus, a transition zone complex of Meckel and Joubert syndrome proteins regulates ciliary assembly and trafficking, suggesting that transition zone dysfunction is the cause of these ciliopathies.

Comment in

[Nat Genet.](#) 2011 Aug;43(8):723-4.

PMID: 21725307 [PubMed - indexed for MEDLINE] PMID: PMC3145011 [Free PMC Article](#)

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Nat Genet. Author manuscript; available in PMC 2012 February 1.

PMCID: PMC3145011

Published in final edited form as:

NIHMSID: NIHMS300973

[Nat Genet. 2011 July 3; 43\(8\): 776–784.](#)

doi: [10.1038/ng.891](https://doi.org/10.1038/ng.891)

A Transition Zone Complex Regulates Mammalian Ciliogenesis and Ciliary Membrane Composition

[Francesc R. Garcia-Gonzalo](#)^{1,2,*} [Kevin C. Corbit](#)^{1,2,*} [María Salomé Sirerol-Piquer](#)³ [Gokul Ramaswami](#)^{4,5} [Edgar A. Otto](#)^{4,5} [Thomas R. Noriega](#)¹ [Allen D. Seol](#)^{1,2} [Jon F. Robinson](#)^{6,7} [Christopher L. Bennett](#)^{6,7} [Dragana J. Josifova](#)⁸ [José Manuel García-Verdugo](#)^{3,9} [Nicholas Katsanis](#)^{6,7} [Friedhelm Hildebrandt](#)^{4,5,10} and [Jeremy F. Reiter](#)^{1,2}

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The publisher's final edited version of this article is available at [Nat Genet](#)

See other articles in PMC that [cite](#) the published article.

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N Engl J Med. 2012 Apr 19;366(16):1508-14.

Integrin $\alpha 3$ mutations with kidney, lung, and skin disease.

[Has C](#), [Spartà G](#), [Kiritsi D](#), [Weibel L](#), [Moeller A](#), [Vega-Warner V](#), [Waters A](#), [He Y](#), [Anikster Y](#), [Esser P](#), [Straub BK](#), [Hausser I](#), [Bockenbauer D](#), [Dekel B](#), [Hildebrandt F](#), [Bruckner-Tuderman L](#), [Laube GF](#).

Department of Dermatology, University Freiburg Medical Center, Freiburg, Germany.

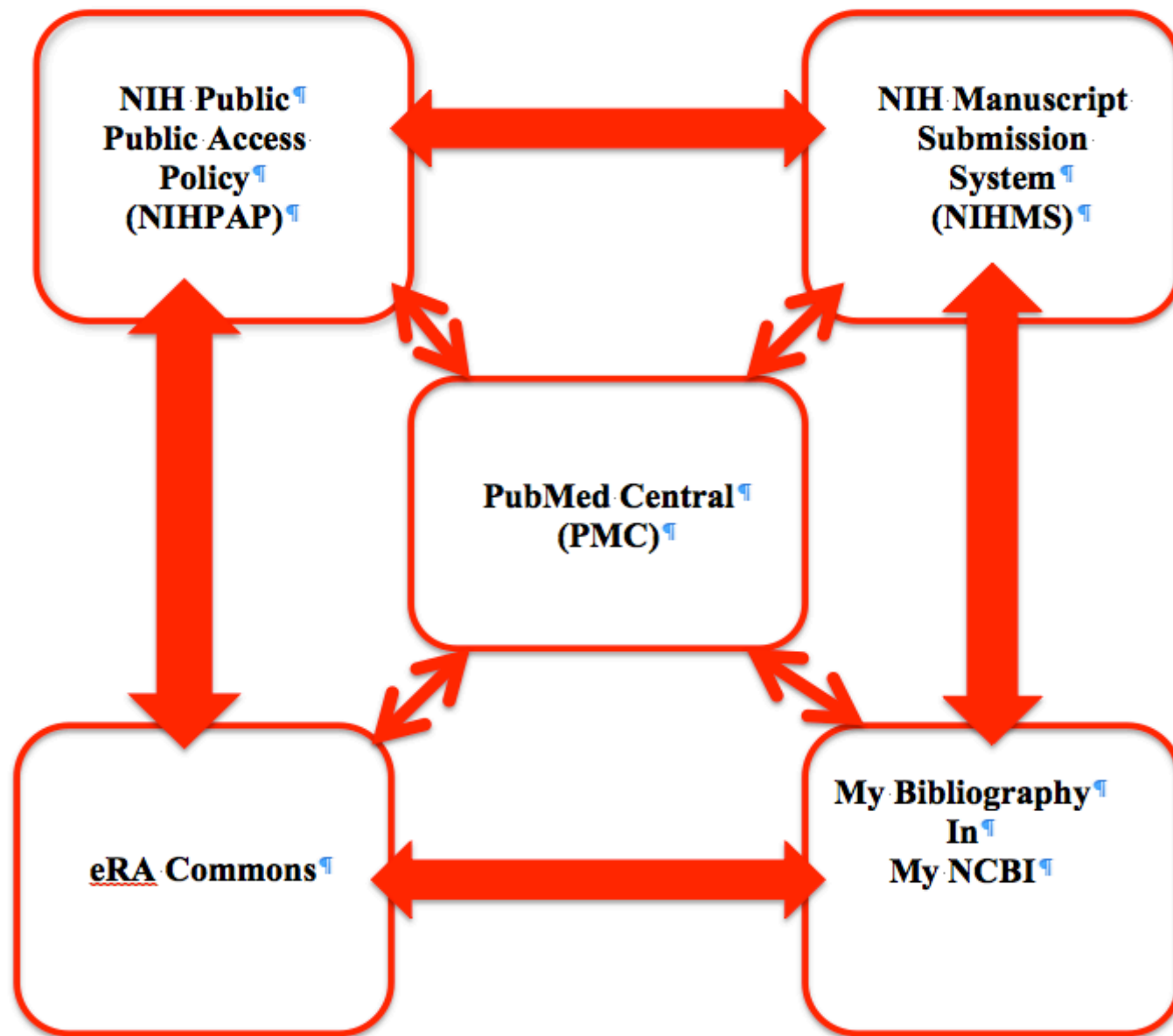
Abstract

Integrin $\alpha(3)$ is a transmembrane integrin receptor subunit that mediates signals between the cells and their microenvironment. We identified three patients with homozygous mutations in the integrin $\alpha(3)$ gene that were associated with disrupted basement-membrane structures and compromised barrier functions in kidney, lung, and skin. The patients had a multiorgan disorder that included congenital nephrotic syndrome, interstitial lung disease, and epidermolysis bullosa. The renal and respiratory features predominated, and the lung involvement accounted for the tetral course of the disease. Although skin fragility was mild, it provided clues to the diagnosis.

PMID: 22512483 [PubMed - indexed for MEDLINE] PMCID: PMC3341404 [Available on 2012/10/19]

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THE POLICY AND eRA COMMONS





- eRA Commons is an online interface where grant applicants, grantees and federal staff at NIH and grantor agencies can access and share administrative information relating to research grants.
- The functions available to a user in Commons are based on the ‘role’ associated with their eRA Commons account

eRA Commons users, based on their role, can conduct a variety of activities in Commons, including:

- Track the status of their grant applications through the submission process, view errors and/or warnings and check the assembled grant image.
- View summary statements and score letters following the initial review of their applications.
- View notice of award and other key documents.
- Submit Just-in-Time information (SO only) requested by the grantor agency prior to a final award decision.
- Submit the required documentation, including the Financial Status Report/ Federal Financial Report and final progress report, to close out the grant.
- Submit a No-Cost Extension notification (SO only) that the grantee has exercised its one-time authority to extend without funds the final budget period of a project period of a grant.
- Submit a streamlined annual progress report electronically, provided the grantee institution is eligible to submit one under the Electronic Streamlined Non-competing Award (eSNAP) process.

Notice Number: NOT-OD-10-103

- Issued on June 10, 2010 by NIH
- My Bibliography in My NCBI is to be used by eRA Commons users to manage their professional bibliographies, associate publications with their grant awards, and ensure compliance with the NIH Public Access Policy.

What is My NCBI?

- A tool that retains user information and database preferences to provide customized services.
- Users can save their Pubmed searches, set email alerts as well as store citations (journal articles, books, meetings, patents and presentations) in My NCBI.
- My Bibliography is one of the services provided in My NCBI.
- Through My Bibliography researchers can manage peer review article compliance with the NIH Public Access Policy.

What does this integration mean?

- It allows Commons users to benefit from My Bibliography's ability to populate citation data from PubMed , PubMed Central , and the NIH Manuscript Submission System.
- It allows users to maintain accurate, structured and up-to-date bibliographic information.
- The benefit of this integration is the ability for grantees to easily track compliance with the NIH Public Access Policy using a simple color-coded key in My Bibliography.



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Journal Articles

- 1: Diamonds and rust: how transposable elements influence mammalian. EMBO reports.
● Public Access Compliance: Error: NIHMS ID: Manuscript has been removed from NIHMS. Please provide an alternate NIHMS ID.
[NIH Funding:](#)
 R01 GM060518-10A1 - Genetic and Molecular Analyses of Human LINE-1 Retrotransposition
 R01 GM082970-02 - LINE-1 Retrotransposition in Human Embryonic Stem Cells
 R01 GM082970-04 - LINE-1 Retrotransposition in Human Embryonic Stem Cells
 R01 GM060518-12 - Genetic and Molecular Analyses of Human LINE-1 Retrotransposition

- 2: Hulme AE, Bogerd HP, Cullen BR, Moran JV. [Selective inhibition of Alu retrotransposition by APOBEC3G](#). Gene. 2007 Apr 1;390(1-2):199-205. Epub 2006 Sep 27. PubMed PMID: 17079095; PubMed Central PMCID: PMC2917221.
● Public Access Compliance: Complete. PMCID: [PMC2917221](#)
[NIH Funding:](#)
 R01 GM060518-07 - Gen. & Mol. Analysis of Human LINE-1 Retrotransposition

- 3: Gasior SL, Preston G, Hedges DJ, Gilbert N, Moran JV, Deininger PL. [Characterization of pre-insertion loci of de novo L1 insertions](#). Gene. 2007 Apr 1;390(1-2):190-8. Epub 2006 Sep 12. PubMed PMID: 17067767; PubMed Central PMCID: PMC1850991.
● Public Access Compliance: Complete. PMCID: [PMC1850991](#)
[NIH Funding:](#)
 R01 GM060518-02 - GENET & MOLEC ANALYSIS OF HUMAN LINE1 RETROTRANSPOSITION

- 4: Coufal NG, Garcia-Perez JL, Peng GE, Yeo GW, Mu Y, Lovci MT, Morell M, O'Shea KS, Moran JV, Gage FH. [L1 retrotransposition in human neural progenitor cells](#). Nature. 2009 Aug 27;460(7259):1127-31. Epub 2009 Aug 5. PubMed PMID: 19657334; PubMed Central PMCID: PMC2909034.
● Public Access Compliance: Complete. PMCID: [PMC2909034](#)
[NIH Funding:](#)
 P20 GM069985-010001 - Line-1 Retrotransposition in Human Embryonic Stem Cells
 R01 GM082970-03 - LINE-1 Retrotransposition in Human Embryonic Stem Cells
 R01 GM082970-04 - LINE-1 Retrotransposition in Human Embryonic Stem Cells

- 5: Doucet AJ, Hulme AE, Sahinovic E, Kulpa DA, Moldovan JB, Kopera HC, Athanikar JN, Hasnaoui M, Bucheton A, Moran JV, Gilbert N. [Characterization of LINE-1 ribonucleoprotein particles](#). PLoS Genet. 2010 Oct 7;6(10). pii: e1001150. PubMed PMID: 20949108; PubMed Central PMCID: PMC2951350.
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Filter citations by:

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- R01 GM060518-10A1 Genetic and ...

Publication type:


- Manually-added citation
- PubMed citation

Color Key Indicating Compliance


- A red dot indicates that an article is **non-compliant**.

 Public Access Compliance: Non-compliant. [Citation not in NIHMS or PMC](#)
[NIH Funding](#): No funding has been associated with this citation.


- A yellow dot means that the citation has been submitted to the NIH Manuscript Submission system and is considered **in process**.

 Public Access Compliance: PMC Journal – In Process
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- A green dot indicates that the citation is **compliant** with the NIH Public Access Policy. Note that the PMCID number displays in this status.

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- Articles that were accepted for publication prior to April 7, 2008 are not covered by the NIH Public Access Policy. These citations will be marked as N/A for **Not Applicable** (this status is also automatically applied to citation types that are not journal articles, e.g., book chapters, patents, presentations).

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- A question mark indicates that compliance with the NIH Public Access Policy cannot be determined without additional information. Click on the question mark icon or the "Edit Status" link to enter supporting information for the citation.

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More on the integration

Commons users can:

- propose, confirm, or reject grant-paper associations;
- associate their My Bibliography citations with an eSNAP (electronic Streamlined Non-competing Award Process) progress report in Commons;
- designate delegates to maintain their professional bibliographies in My Bibliography.

Publications in eRA Commons

In eRA Commons, you need to link your My NCBI account to your eRA Commons account.

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How is My Bibliography accessed?

1. Log in to My NCBI and access My Bibliography from eRA Commons.
2. As a delegate of an eRA Commons user, log in to My NCBI directly and access the My Bibliography.
3. Log in directly to My NCBI using the Commons username and password.

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- Click the checkbox next to the citation you wish to add. Note: Multiple citations can be added at one time by clicking multiple checkboxes.
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- To sign in using your My NCBI username and password, use the sign in box on the left
- To sign in via a partner organization, such as NIH & eRA Commons, use the appropriate link on the right



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Journal Articles

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- 2: BK Polyomavirus: Emerging Pathogen. Microbes and infection / Institut Pasteur.

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[NIH Funding](#):
T32 GM007544-35 - Michigan Predoctoral Training Program in Genetics

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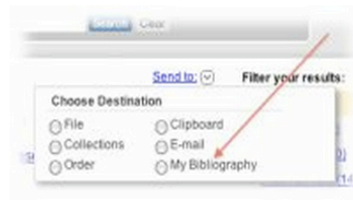
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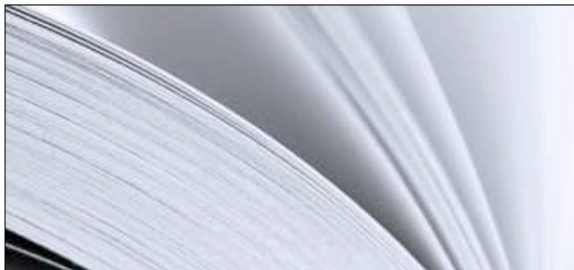
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Neuronal expression of Fig4 is necessary and sufficient to prevent neurodegeneration.

Ferguson CJ, Lenk GM, Jones JM, Grant AE, Winters JJ, Dowling JJ, Giger RJ, Meisler MH.

Department of Human Genetics, University of Michigan, Ann Arbor MI 48109-6518.

Abstract

FIG4 is a ubiquitously expressed phosphatase that, in complex with FAB1/PIKFYVE and VPS34, is essential for the signaling lipid PI(3,5)P(2). Null mutation of Fig4 in the mouse results in spongiform de

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