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2018-04-18

NIH PUBLIC ACCESS Policy WORKSHOP April

Rosenzweig, Merle

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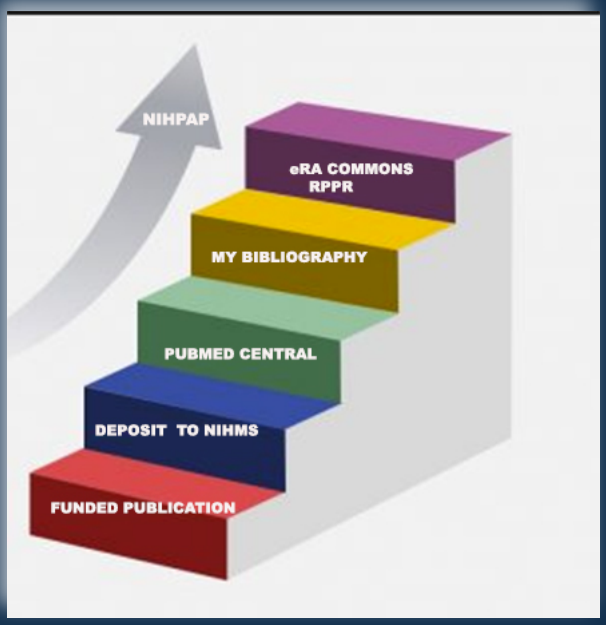
NIH NATIONAL INSTITUTES OF HEALTH Public Access

Everything you need to know



ALL ABOUT THE POLICY

- National Institutes of Health (NIH) passed its Public Access Policy on April 7, 2008.
- The statement can be found @ *https://publicaccess.nih.gov/policy.htm.*
- *The NIH will delay processing of an award or a Progress Report (RPPR) if publications arising from a grant are not in compliance with the NIH Public Access Policy.*
- *Purpose of the Policy*

PURPOSE OF THE POLICY

- Provides free online access to full-text peer-reviewed journal articles arising from taxpayer-funded research.
- The National Institutes of Health (NIH) asks every scientist who receives an NIH research grant, and who publishes the results in a peer-reviewed journal, to deposit a digital copy of the article in PubMed Central (PMC), the online digital library maintained by the NIH.
- PMC will then provide free online access to its copy some time after the article is published in a journal, the length of the delay to be determined at the time the deposit is made.

DOES THE POLICY APPLY TO THE PUBLICATION?

- The publication is not a peer-reviewed journal article reporting research funded by an NIH Grant=**NO**.
- The publication is a review article, book, book chapter, meeting abstract, dissertation=**NO**.
- The publication is a peer-reviewed journal article and the research reported was funding by an NIH Grant=**YES**.

ADDRESSING COPYRIGHT

- Review the journal's Instructions to Authors for any specific information or instructions. related to the NIH Public Access Policy.
- Make sure the copyright agreement allows posting into PubMed Central. *Remember, you do not need the final publisher/journal article for posting.
- If the instructions to authors or the copyright does not allow, a note can be added to the copyright agreement.
- **Sample language**:

SAMPLE LANGUAGE

"Journal acknowledges that Author retains the right to provide a copy of the final peer-reviewed manuscript to the NIH upon acceptance for Journal publication, for public archiving in PubMed Central as soon as possible but no later than 12 months after publication by Journal."

NIHMS

- Stands for National Institutes of Health Manuscript Submission System.
- A system developed to facilitate the submission of peer-reviewed manuscripts for inclusion in PubMed Central (PMC) in support of the NIH Public Access Policy.
- What is PubMed Central?

A free digital repository that archives publicly accessible full-text scholarly articles that have been published within the biomedical and life sciences journal literature.

SUBMITTING TO NIHMS

- There are **4 methods** of submitting the manuscript of the publication that falls under the NIH Public Access Policy.
- The method used will be determined by:

  >the journal that the publication will/is in,

  >the publishing agreement.

METHOD A

- Journal deposits final published article into PubMed Central without grantee, author, or delegate involvement.
- The article is made publically available no later than 12 months after publication.
- A list of these journals can be found at ***https://publicaccess.nih.gov/submit_process_journals.htm***.

METHOD B

- Grantee, author, or delegate asks publisher to deposit **specific** final published article in PubMed Central.
- The publisher will request an "open access" **fee** to do the deposit.
- Arrangements must be made to ensure that the article is made publically available no later than 12 months after publication.
- A list of these publishers can be found at *https://publicaccess.nih.gov/select_deposit_publishers.htm*

METHOD C

- If the other methods do not apply, this is the method that **must** be followed for compliance.
- Grantee, author, or delegate deposits final, peer-reviewed manuscript into PubMed Central via the NIH Manuscript Submission System (NIHMS).

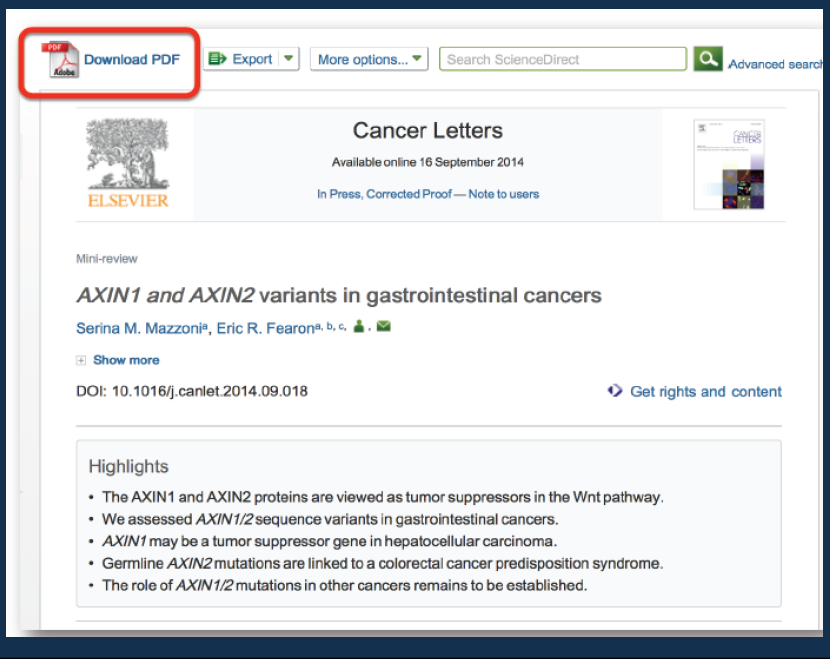
NIH MANUSCRIPT SUBMISSION SYSTEM (NIHMS)

- The NIH Grantee/Principle Investigator (PI) is responsible for compliance and moving the manuscript through the tasks involved in all the steps.
- However, some of the steps can be assigned to a delegate—author of the manuscript or administration staff.

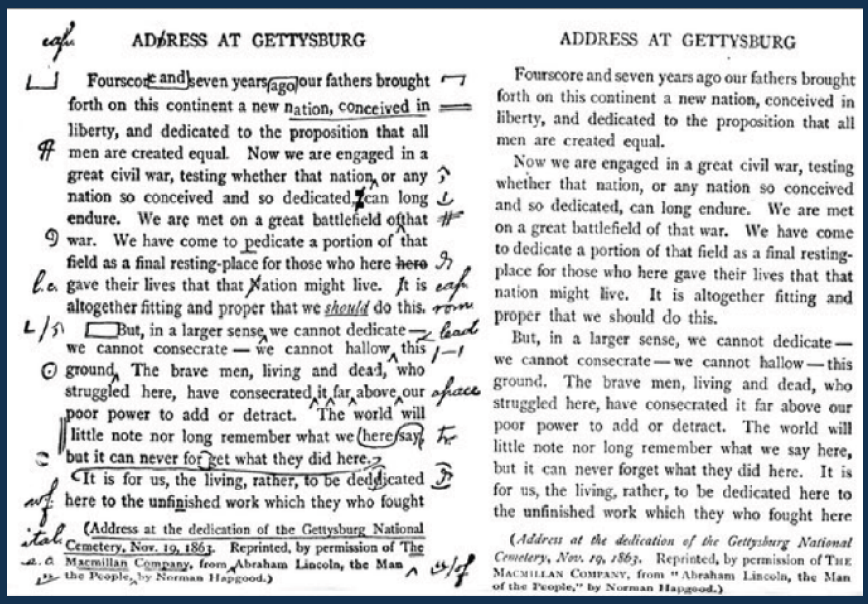
WHAT CAN & CANNOT BE DEPOSITED

- Can:
  >The final, peer-reviewed manuscript.
  >All the figures, tables, and supplemental materials.
- Cannot:
  >Final .PDF version of the published article.
  >Page/galley proofs.
  >Both of the above versions fall under copyright.

Final .PDF



Page/Galley Proofs



ADDRESS AT GETTYSBURG

Fourscore and seven years ago our fathers brought forth on this continent a new nation, conceived in liberty, and dedicated to the proposition that all men are created equal. Now we are engaged in a great civil war, testing whether that nation, or any nation so conceived and so dedicated, can long endure. We are met on a great battlefield of that war. We have come to dedicate a portion of that field as a final resting-place for those who here gave their lives that that nation might live. It is altogether fitting and proper that we should do this.

But, in a larger sense, we cannot dedicate — we cannot consecrate — we cannot hallow — this ground. The brave men, living and dead, who struggled here, have consecrated it far above our poor power to add or detract. The world will little note nor long remember what we say here, but it can never forget what they did here. It is for us, the living, rather, to be dedicated here to the unfinished work which they who fought here

(*Address at the dedication of the Gettysburg National Cemetery, Nov. 19, 1863.* Reprinted, by permission of THE MACMILLAN COMPANY, from "Abraham Lincoln, the Man of the People," by Norman Hapgood.)

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(*Address at the dedication of the Gettysburg National Cemetery, Nov. 19, 1863.* Reprinted, by permission of THE MACMILLAN COMPANY, from "Abraham Lincoln, the Man of the People," by Norman Hapgood.)

BEFORE BEGINNING DEPOSITING MAKE SURE YOU HAVE:

- Name of the journal that the manuscript will be published in.
- Title of the manuscript.
- Grant number(s).
- All the manuscript files—text, figures, tables, supplemental material and data if that applies.
- Embargo[1] period[2].

[1]The time period, in months, that the publisher retains rights to distribution of the article. Upon submission to PubMed Central and until the embargo period passes, PubMed Central will provide a brief record of the manuscript.

[2] *http://www.sherpa.ac.uk/romeo/index.php* SHERPA/RoMEO Browse RoMEO Journals

WHEN CAN DEPOSIT BE DONE?

- You can deposit once the journal acknowledges the manuscript is accepted for publication and the embargo should be 12 months post publication.
- Depositing retrospectively, a year or more after publication, you can set the embargo less than 12 months.

STEPS FOR DEPOSITING INTO NIH MANUSCRIPT SUBMISSION SYSTEM (NIHMS)

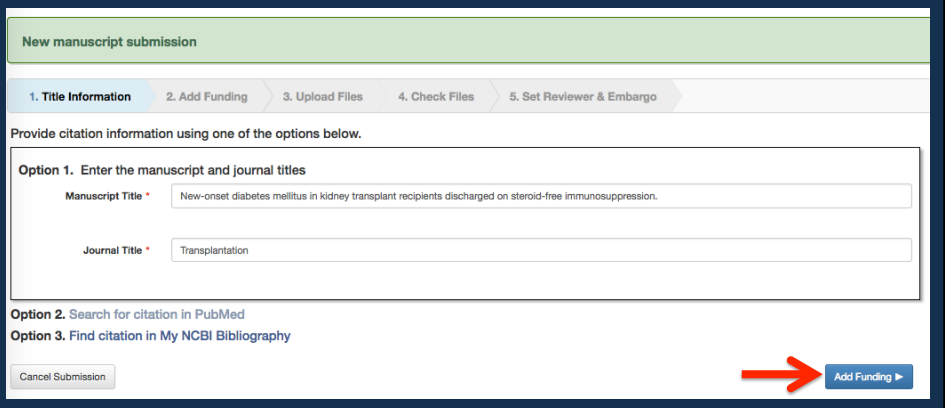
LOGIN TO NIHMS

- https://www.nihms.nih.gov/db/sub.cgi
- Use the credentials that apply to you.

CLICK ON "SUBMIT NEW MANUSCRIPT"

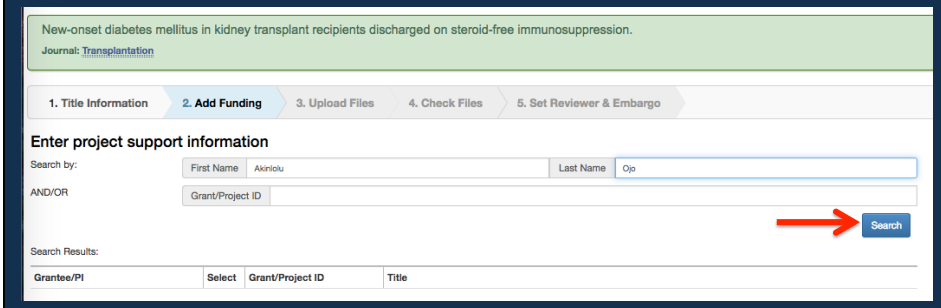
NEW MANUSCRIPT SUBMISSION

- On the first line you will enter the title of the manuscript.
- On the second line the name of the journal.
- After that information is entered click on “Add Funding”.



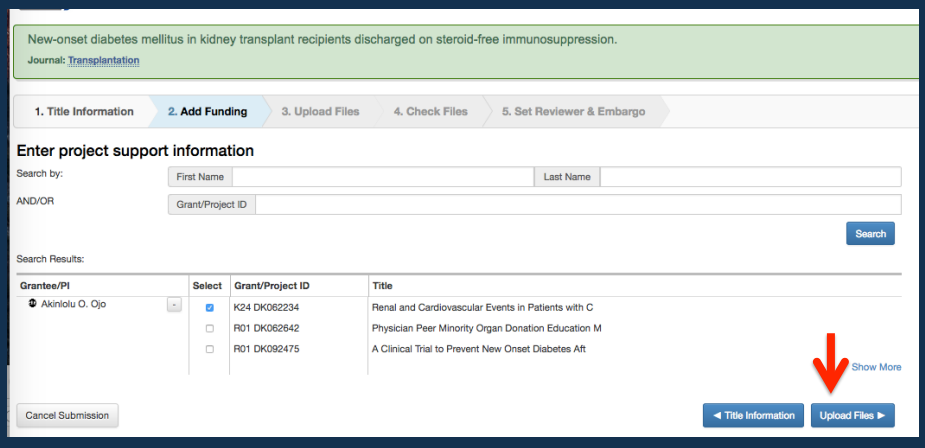
ADDING FUNDING

- You can search for a grantee by entering a first and last name and clicking on the search button to get a list of that individuals NIH grants or, if you have the grant number you can enter it.
- Clicking on “Search” will pull up a list of grants or the specific grant depending on how you have searched.

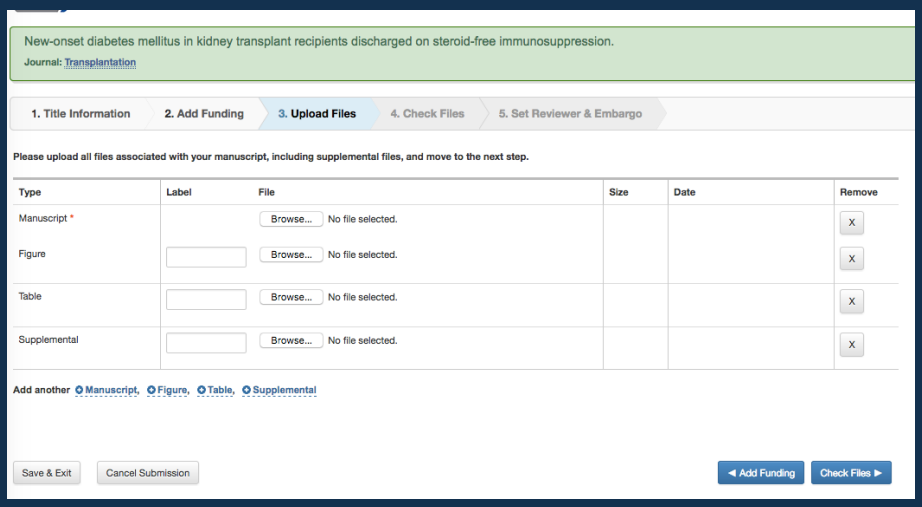


SELECTING THE GRANT

- Select the grant(s) that you wish to designate for the deposit.
- Click on “Upload Files”.

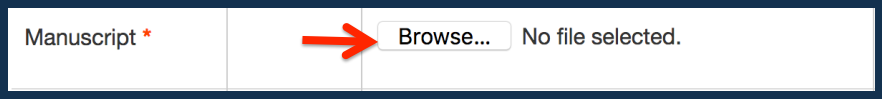


UPLOAD FILES WINDOW



MANUSCRIPT

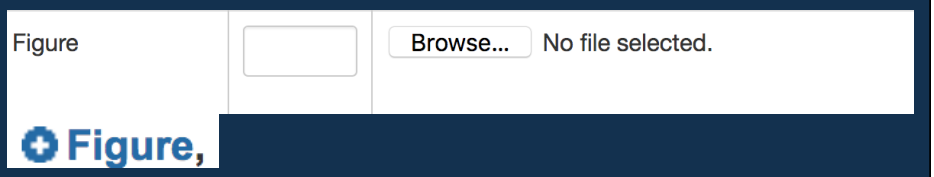
- Click on “Browse” and find the file.



- The file can be a word document (.doc or .docx), a rich text format (.rtf), or in any other format (.txt).

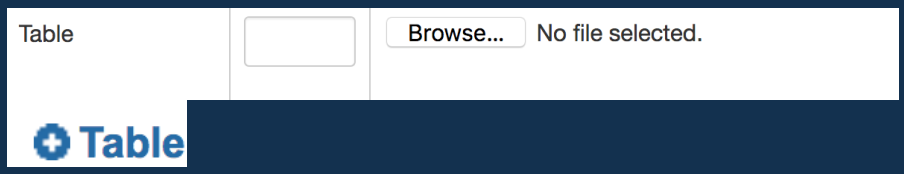
FIGURE

- Upload **all** the figures.
- Depending on the number of figures you need to upload you can click on the “+Figure” at the bottom of the window to get the lines necessary.
- Label each line accordingly—figure 1, figure 2, and so on.



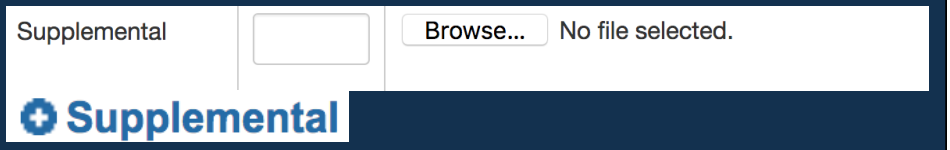
TABLE

- Upload **all** the tables.
- Depending on the number of tables you need to upload you can click on the "+Table" at the bottom of the window to get the lines necessary.
- Label each line accordingly—table 1, table 2, and so on.

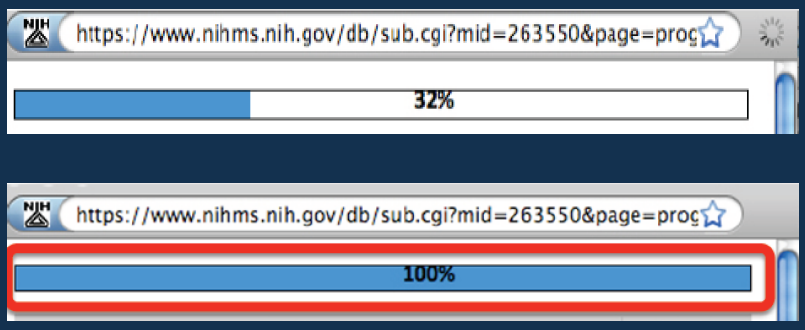


SUPPLEMENTAL

- Upload **all** the supplemental material, if there is any.
- Depending on the number of supplemental materials you need to upload you can click on the "+Supplemental" at the bottom of the window to get the lines necessary.
- Label each line accordingly—supplemental 1, supplemental 2, and so on.

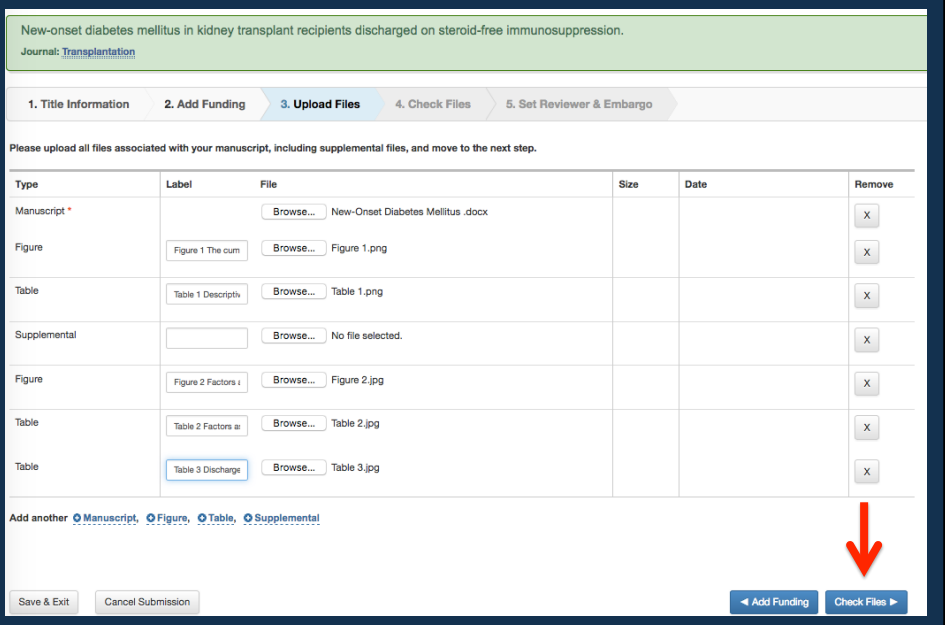


CREATING .PDF OF THE DEPOSITED FILES



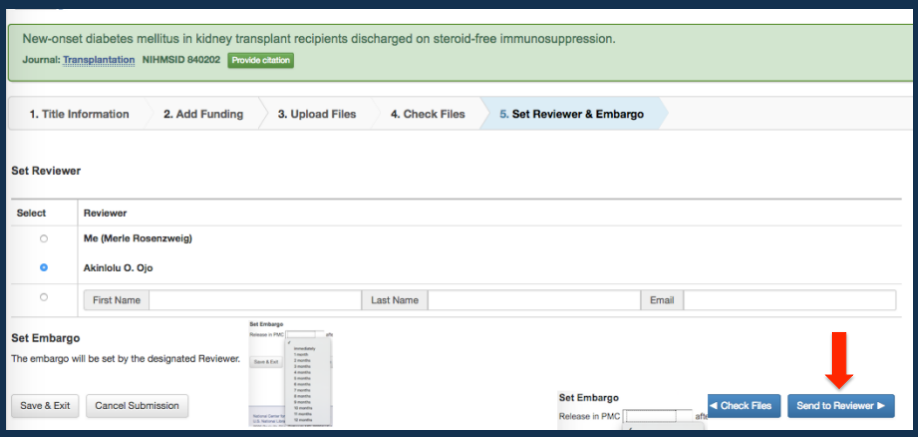
CHECK FILES

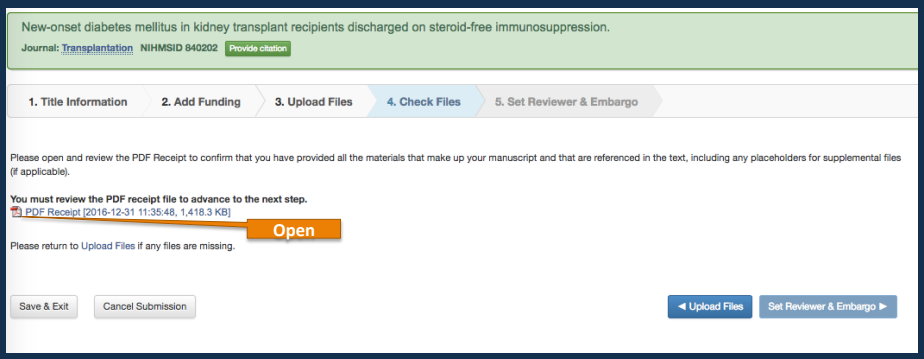
- When you have uploaded all the files click on “Check Files”.
- On this window you will see all the files that have been loaded and the appropriate labeling for each.
- It is here that you can make any corrections or additions necessary.
- Click on “Check Files” again.



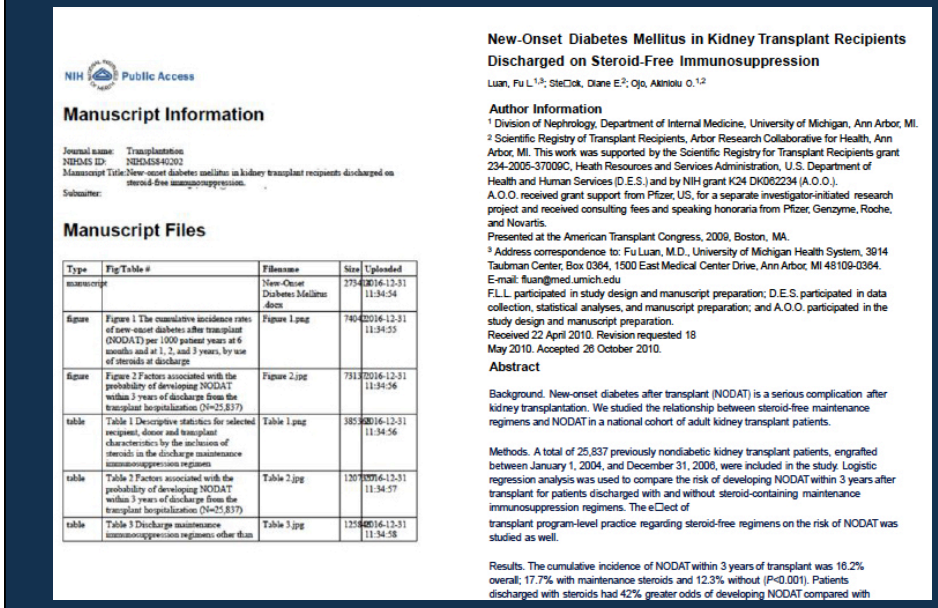
REVIEWER AND EMBARGO

- Verify that the correct person will be reviewing and approving the deposit.
- Select the embargo period from the drop-down options.
- Click on “Send to Reviewer”.





This window loads the formatted .pdf and you **must** open the .pdf before you move to the next window which is the “Submission Statement” that requires you to click on “Agree”.



NIH Public Access

Manuscript Information

Journal name: Transplantation
NIHMS ID: NIHMS840202
Manuscript Title: New-onset diabetes mellitus in kidney transplant recipients discharged on steroid-free immunosuppression.
Submitter:

Manuscript Files

Type	Fig/Table #	Filename	Size	Uploaded
manuscript		New-Onset Diabetes Mellitus .docx	2754	2016-12-31 11:34:54
figure	Figure 1 The cumulative incidence rates of new-onset diabetes after transplant (NODAT) per 1000 patient years at 6 months and at 1, 2, and 3 years, by use of steroids at discharge	Figure 1.png	7404	2016-12-31 11:34:55
figure	Figure 2 Factors associated with the probability of developing NODAT within 3 years of discharge from the transplant hospitalization (N=25,837)	Figure 2.jpg	7313	2016-12-31 11:34:56
table	Table 1 Descriptive statistics for selected recipient, donor and transplant characteristics by the inclusion of steroids in the discharge maintenance immunosuppression regimen	Table 1.png	3853	2016-12-31 11:34:56
table	Table 2 Factors associated with the probability of developing NODAT within 3 years of discharge from the transplant hospitalization (N=25,837)	Table 2.jpg	1207	2016-12-31 11:34:57
table	Table 3 Discharge maintenance immunosuppression regimens other than	Table 3.jpg	1255	2016-12-31 11:34:58

New-Onset Diabetes Mellitus in Kidney Transplant Recipients Discharged on Steroid-Free Immunosuppression

Luan, Fu L.[1,3]; Ste□ck, Diane E.[2]; Ojo, Akinlolu O.[1,2]

Author Information

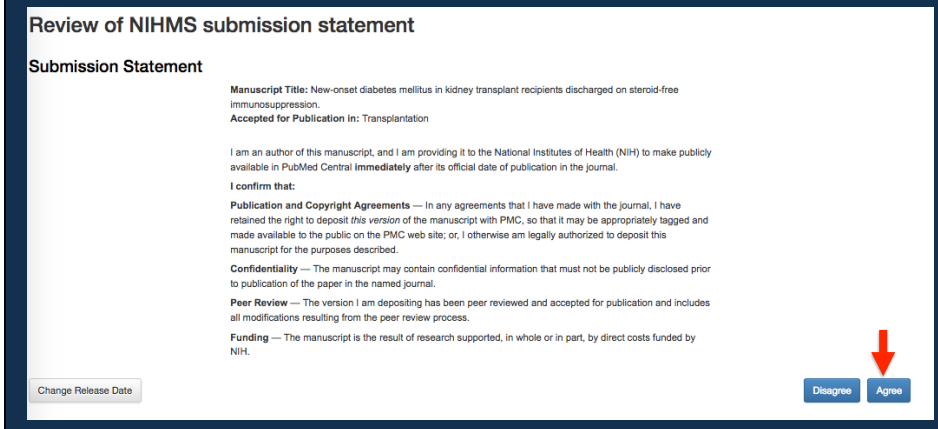
[1] Division of Nephrology, Department of Internal Medicine, University of Michigan, Ann Arbor, MI.
[2] Scientific Registry of Transplant Recipients, Arbor Research Collaborative for Health, Ann Arbor, MI. This work was supported by the Scientific Registry for Transplant Recipients grant 234-2005-37009C, Heath Resources and Services Administration, U.S. Department of Health and Human Services (D.E.S.) and by NIH grant K24 DK082234 (A.O.O.).
A.O.O. received grant support from Pfizer, US, for a separate investigator-initiated research project and received consulting fees and speaking honoraria from Pfizer, Genzyme, Roche, and Novartis.
Presented at the American Transplant Congress, 2009, Boston, MA.
[3] Address correspondence to: Fu Luan, M.D., University of Michigan Health System, 3914 Taubman Center, Box 0364, 1500 East Medical Center Drive, Ann Arbor, MI 48109-0364.
E-mail: fluan@med.umich.edu
F.L.L. participated in study design and manuscript preparation; D.E.S. participated in data collection, statistical analyses, and manuscript preparation; and A.O.O. participated in the study design and manuscript preparation.
Received 22 April 2010. Revision requested 18 May 2010. Accepted 26 October 2010.

Abstract

Background. New-onset diabetes after transplant (NODAT) is a serious complication after kidney transplantation. We studied the relationship between steroid-free maintenance regimens and NODAT in a national cohort of adult kidney transplant patients.

Methods. A total of 25,837 previously nondiabetic kidney transplant patients, engrafted between January 1, 2004, and December 31, 2008, were included in the study. Logistic regression analysis was used to compare the risk of developing NODAT within 3 years after transplant for patients discharged with and without steroid-containing maintenance immunosuppression regimens. The e□ect of transplant program-level practice regarding steroid-free regimens on the risk of NODAT was studied as well.

Results. The cumulative incidence of NODAT within 3 years of transplant was 16.2% overall; 17.7% with maintenance steroids and 12.3% without ($P<0.001$). Patients discharged with steroids had 42% greater odds of developing NODAT compared with



Review of NIHMS submission statement

Submission Statement

Manuscript Title: New-onset diabetes mellitus in kidney transplant recipients discharged on steroid-free immunosuppression.
Accepted for Publication in: Transplantation

I am an author of this manuscript, and I am providing it to the National Institutes of Health (NIH) to make publicly available in PubMed Central **immediately** after its official date of publication in the journal.

I confirm that:

Publication and Copyright Agreements — In any agreements that I have made with the journal, I have retained the right to deposit *this version* of the manuscript with PMC, so that it may be appropriately tagged and made available to the public on the PMC web site; or, I otherwise am legally authorized to deposit this manuscript for the purposes described.

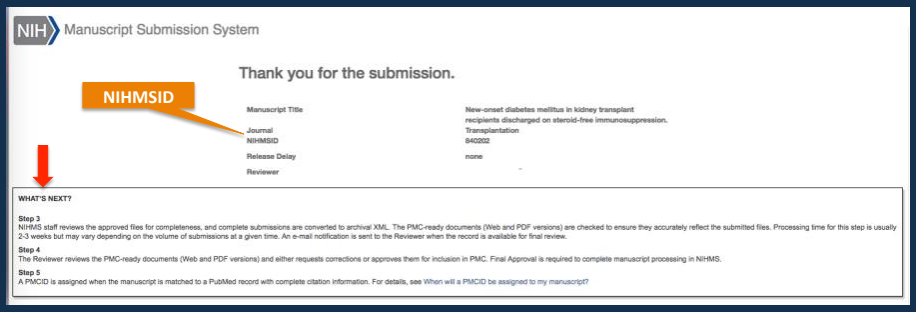
Confidentiality — The manuscript may contain confidential information that must not be publicly disclosed prior to publication of the paper in the named journal.

Peer Review — The version I am depositing has been peer reviewed and accepted for publication and includes all modifications resulting from the peer review process.

Funding — The manuscript is the result of research supported, in whole or in part, by direct costs funded by NIH.

Change Release Date

Disagree Agree



Here you can see “What’s Next?” showing the final steps of compliance.

COMPLIANCE BY THE NUMBERS

Identifier	Description	NIHPAP Compliance Status	Example
PMCID	Pubmed Central unique identifier	Complies	PMC2901972
NIHMSID	NIH Manuscript Submission system unique identifier	Temporary compliance	NIHMSID30238
PMC Journal - In Process	Publisher deposited publication submitted to NIHMS but not yet having received an identifier	Temporary compliance	PMC Journal - In Process
PMID	Medline/PubMed unique identifier	Does NOT comply	PMID:12748199

Compliance by the Numbers

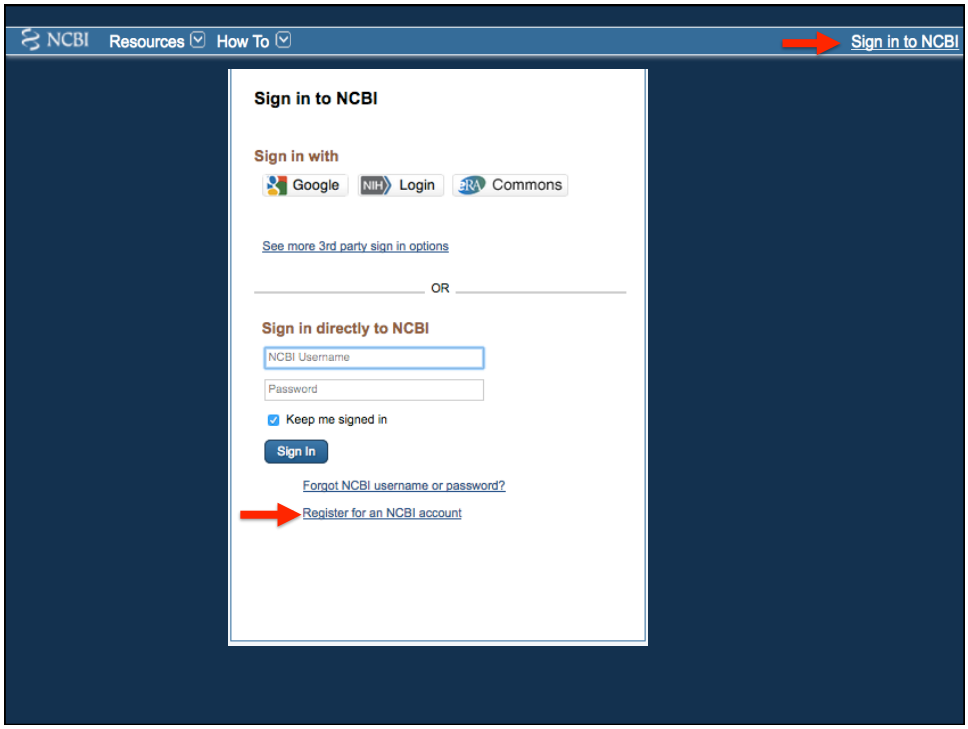
- **PMCID/PMC** is the number assigned to show that the publication is in full compliance with the Policy—PMCID:185221 or PMC185221.
- **NIHMSID** is a temporary compliance number that is only valid to show compliance for three months post publication. Beyond that time, it cannot be used to show compliance with the NIH Public Access Policy—NIHMSID: NIHMSID30238.
- **PMC Journal – In Process** signifies that the Publisher deposited, into NIHMS, the final, print version of the publication but the deposit has not received a PMC identifier. A list of these journals can be found at *https://publicaccess.nih.gov/submit_process_journals.htm*.
- **PMID** (PubMed Identification number) is a unique identifier number assigned to every record in PubMed and is at the end of each—PMID:12748199. This number is in no way related to the NIH Public Access Policy and cannot be used to show compliance.
- If you have a PMID and want to see if there is a PMCID/NIHMSID, you can use the "PMCID Converter" https://www.ncbi.nlm.nih.gov/pmc/pmctopmid/.

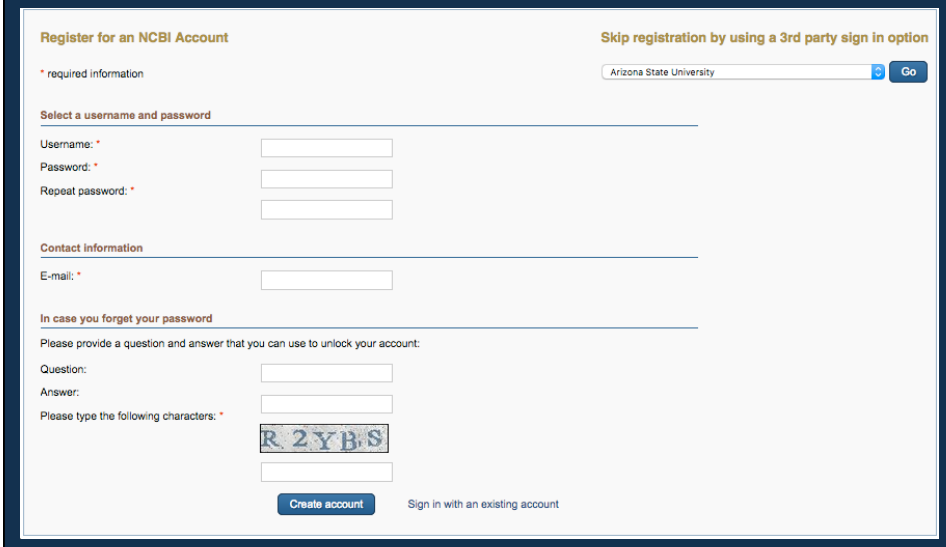
MY BIBLIOGRAPHY IN MY NCBI

- NIH Grantees and/or their delegate must use My Bibliography in My NCBI to keep track of publications that fall under the Public Access Policy.
- If you do not have a My NCBI account you can register for one and it is "free".

REGISTER FOR A MY NCBI ACCOUNT

- Go to PubMed.gov --***www.pubmed****.gov*
- Click on "My NCBI Sign In'" in the upper right corner of the screen.
- Click on "My NCBI Sign In'" in the upper right corner of the screen.
- Click on "Register for an NCBI account" at the bottom of the Sign in to NCBI window.
- Fill in all the required information and click on "Create account".



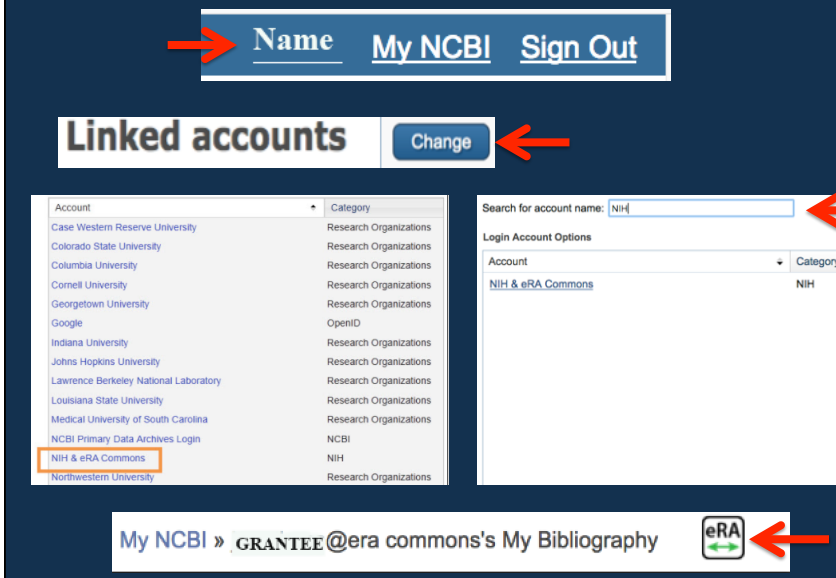


MY BIBLIOGRAPHY & eRA COMMONS

- eRA Commons is a set of web tools used for the administrative activities of NIH Grants.
- My Bibliography must be linked to the Grantees eRA Commons.
- The Publication entered into My Bibliography will show compliance status and the NIH Grant(s) that supports it.
- This linking enables the Grantee and/or the delegate, when preparing a grant application, grant renewal, or a Research Performance Progress Report (RPPR) to have access to the publications to be cited.

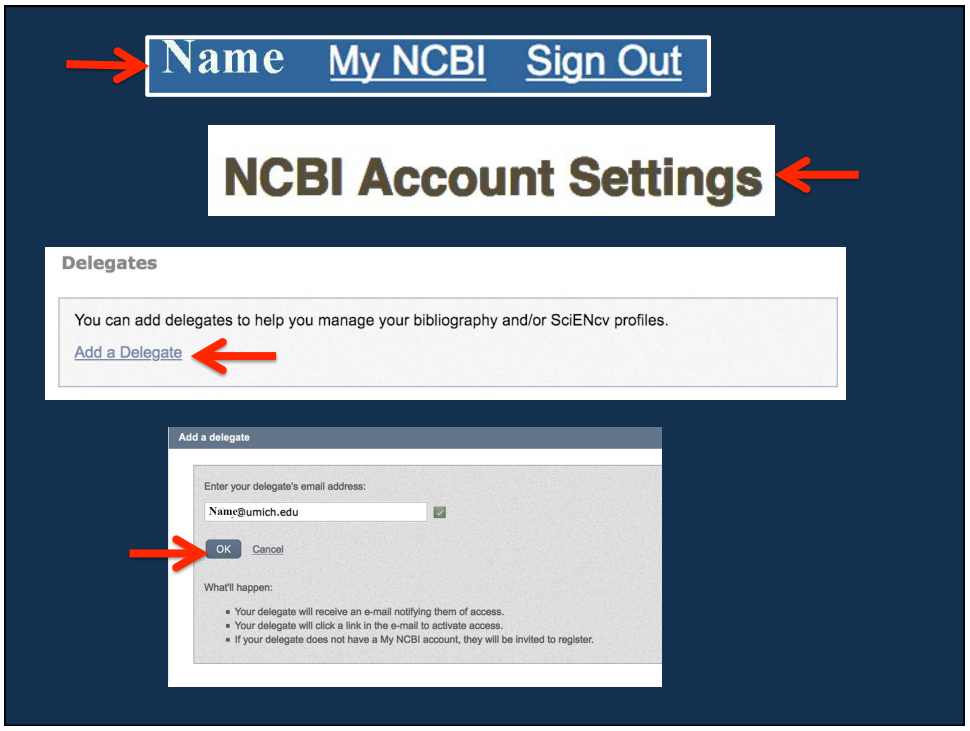
LINKING MY BIBLIOGRAPHY TO eRA COMMONS

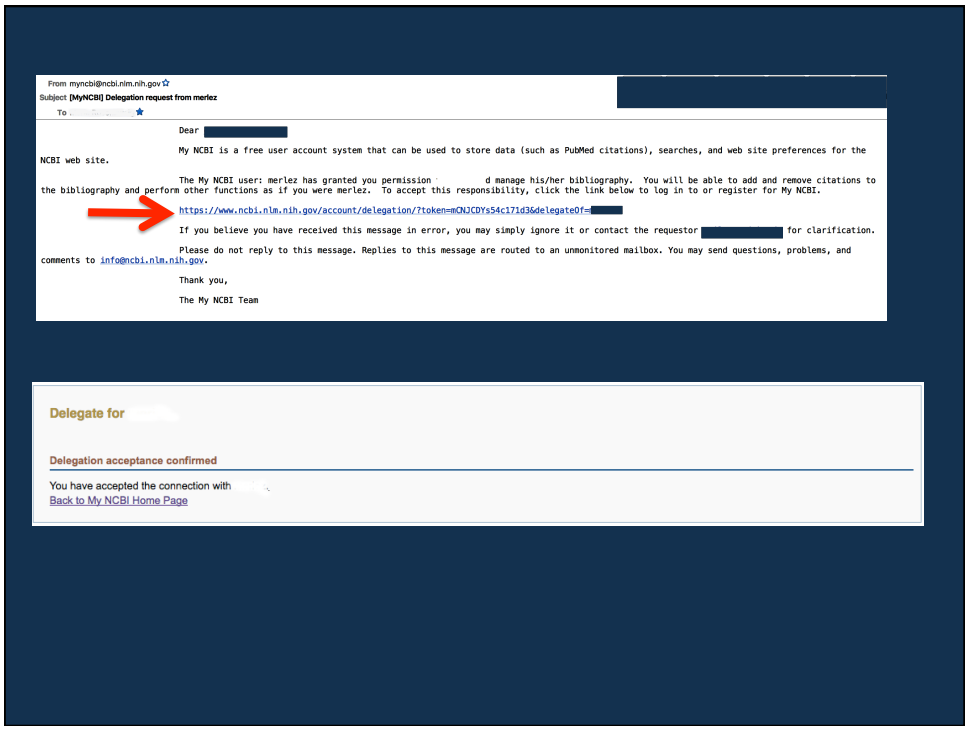
1. Log into My NCBI.
2. Click on your login name at top right of the window to get to your account settings.
3. Click on the “Change” button for “Linked Account”.
4. You can scroll to the list “Login Account Options” and click on “NIH & eRA Commons” or search for NIH which should show “NIH & eRA Commons”, click on it.
5. You can only link to one account. If you have linked to another account click on “Change” and follow steps in #4.
6. Check you’re My Bibliography and if there is the eRA logo at the top the linking was successful.



ASSIGN A DELEGATE TO MANAGE MY BIBLIOGRAPHY

1. The person the Grantee wants to make a delegate should have a My NCBI account.
2. The Grantee signs into their My NCBI account.
3. Clicks on the username at the top-right of the screen to access Account Settings.
4. Scroll down to Delegates.
5. Click on “Add a Delegate” & add the email address of the person to be added as a delegate.
6. Click “OK”.
7. Message sent to Delegate.
8. Delegate clicks on the link.
9. Delegation accepted.


Name
My NCBI
Sign Out
NCBI Account Settings
Delegates
You can add delegates to help you manage your bibliography and/or SciENcv profiles.
Add a Delegate
Add a delegate
Enter your delegate's email address:
Name@umich.edu
OK
Cancel
What'll happen:
Your delegate will receive an e-mail notifying them of access.
Your delegate will click a link in the e-mail to activate access.
If your delegate does not have a My NCBI account, they will be invited to register.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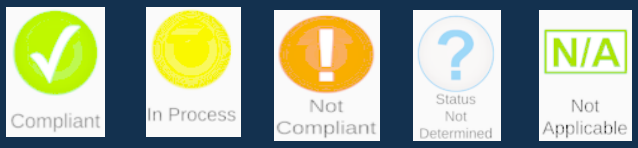

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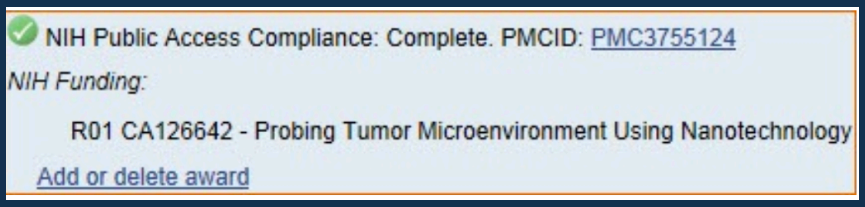

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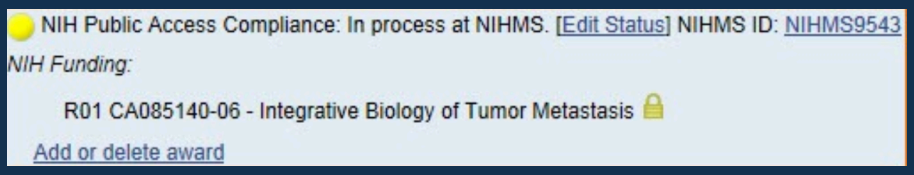

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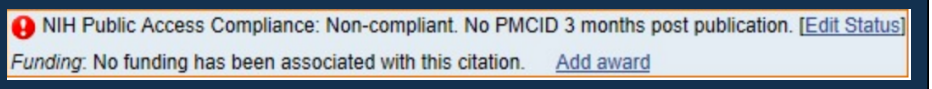

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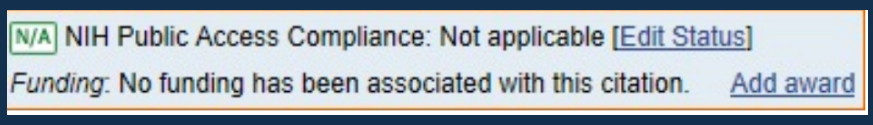

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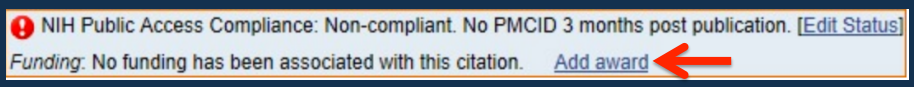

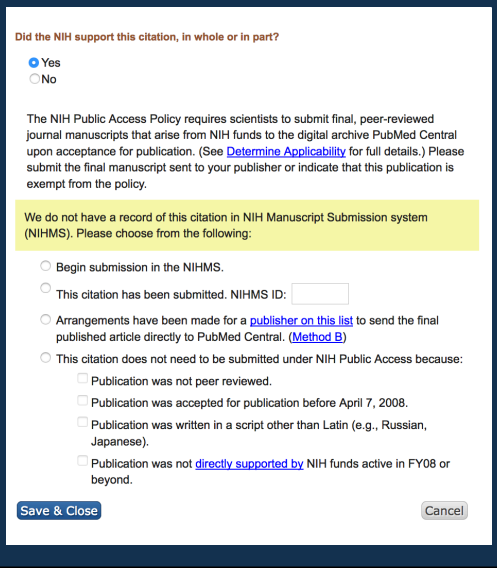

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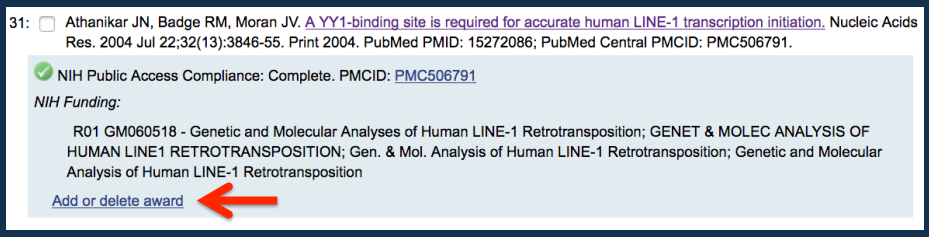

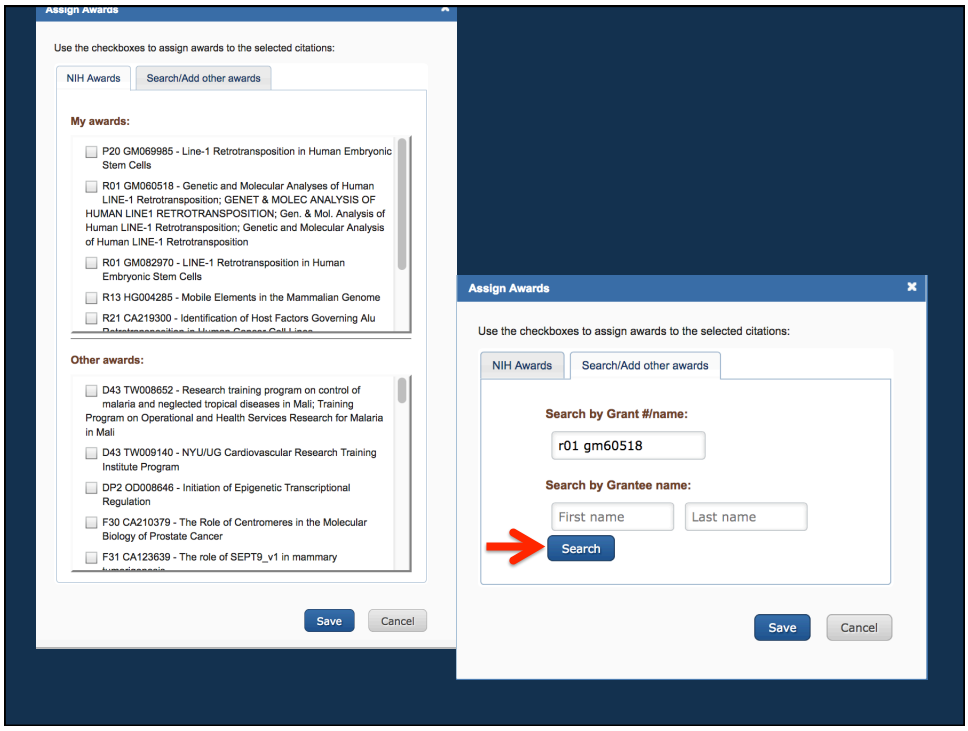
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R01 GM082970 - LINE-1 Retrotransposition in Human Embryonic Stem Cells
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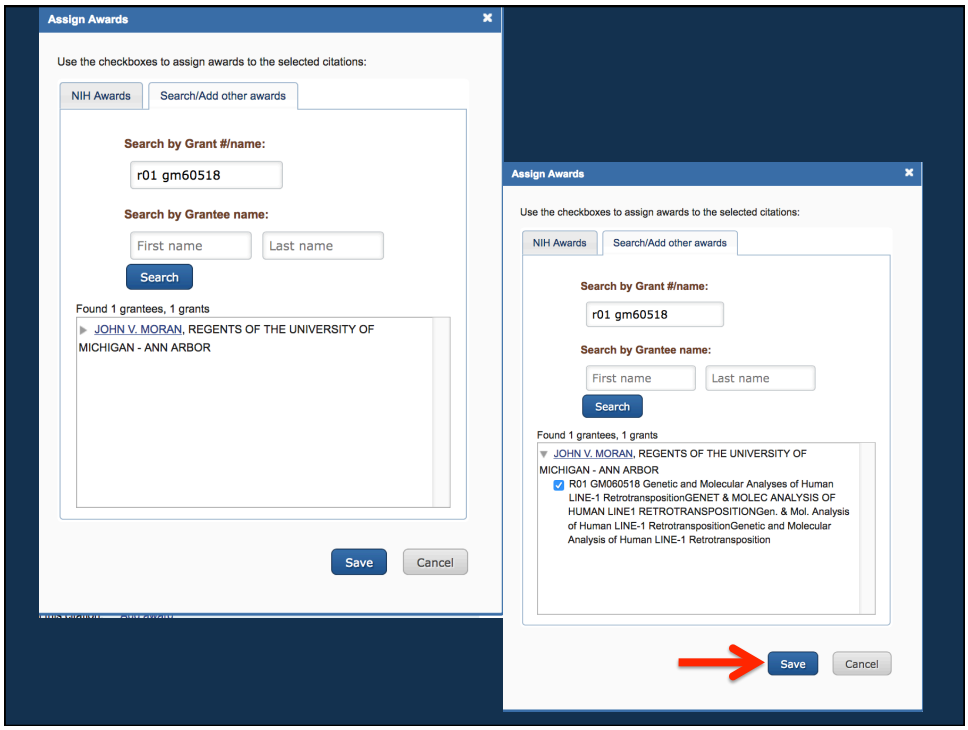
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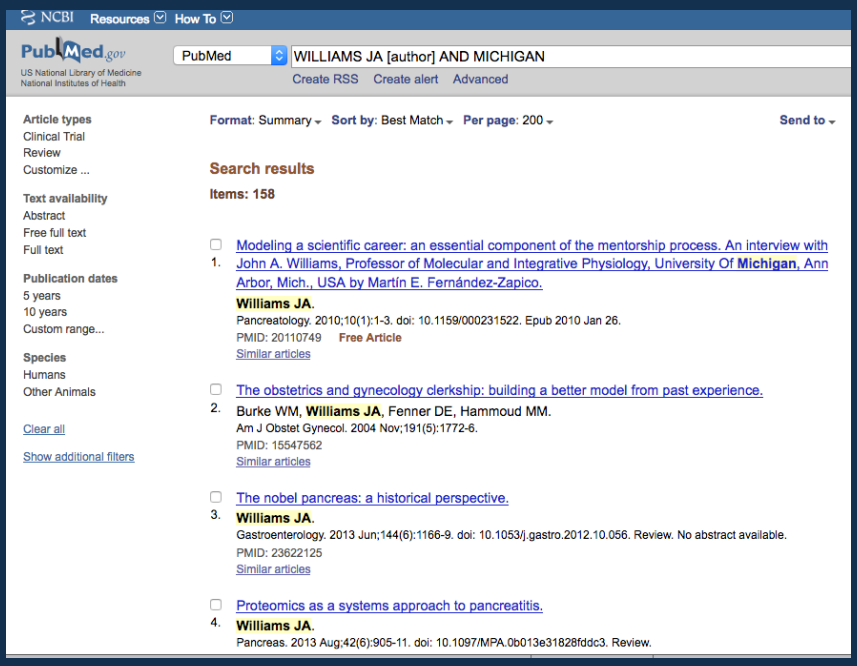
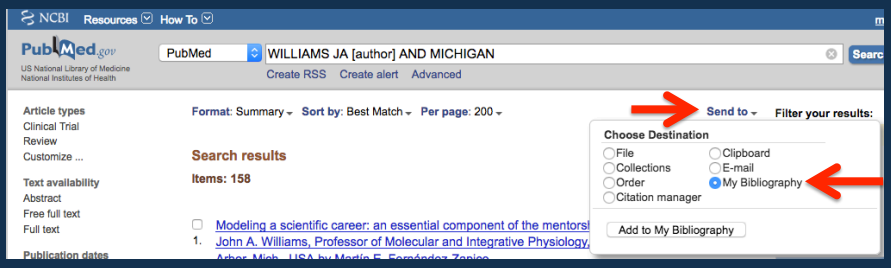
2. Enter an author or the complete title of the article and click search.
3. Select the citation(s) you want to add to My Bibliography, and then click the “Send to” link to expand the drop-down menu. If, instead, you would like to send the entire search results to My Bibliography, proceed to click the "Send to" link to expand the drop-down menu.
4. Select the destination “My Bibliography” (a message indicates the number of citations selected to be copied to the bibliography) and click “Add to My Bibliography.
5. On the Save to Bibliography screen you will see the number of citations to be added and the “My Bibliography” is selected.
6. If you are the NIH Grantee and only have one bibliography that is linked to your eRA Commons the citations will be added to it.
7. If you have more than one select “Other bibliographies that you manage” and select the one you want the citation(s) to be added to.
8. As a delegate select the Grantee’s that you are managing.
9. After the citation(s) have been successfully added there will be a message on the PubMed search screen with a green box checked indicating, “New item(s) were added to your bibliography”.
10. You can click on the link “Edit your Bibliography” and be taken to the My Bibliography to make any edits such as adding awards.

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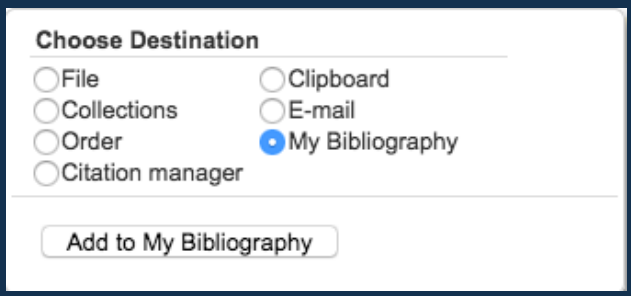
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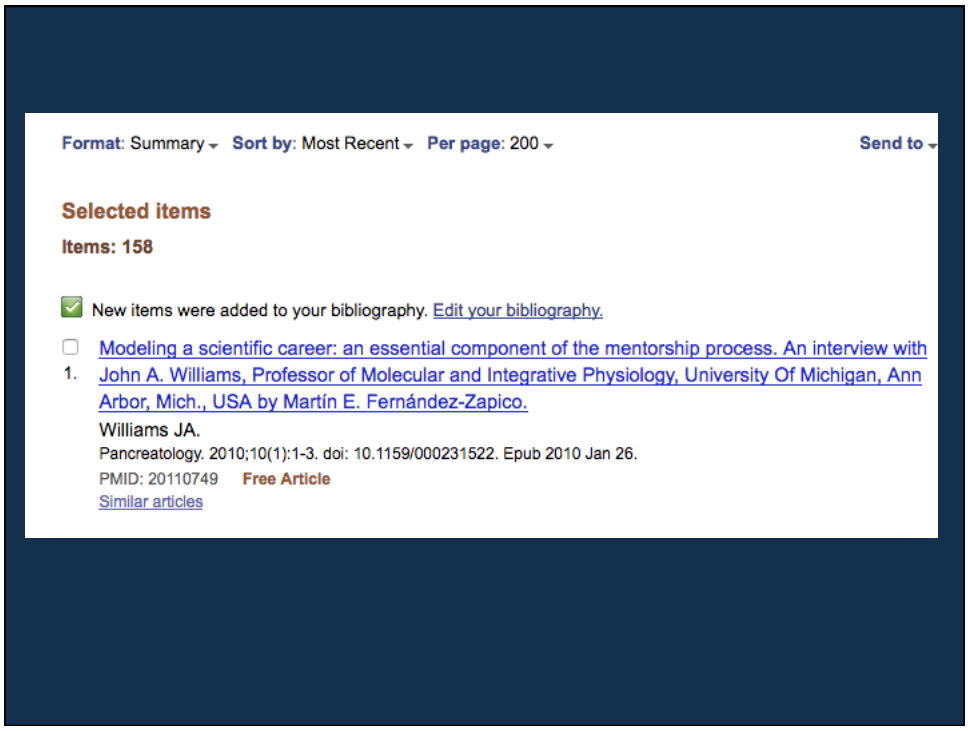
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Williams JA.
Pancreatology. 2010;10(1):1-3. doi: 10.1159/000231522. Epub 2010 Jan 26.
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1. As an NIH Grantee you sign into My NCBI and go to “My Bibliography and click on “Manage My Bibliography”.
2. As a delegate sign into My NCBI and click on the My Bibliography that you have been made a delegate on and make sure that the eRA logo appears at the top of the window.
3. Click on the “Add from PubMed” button.
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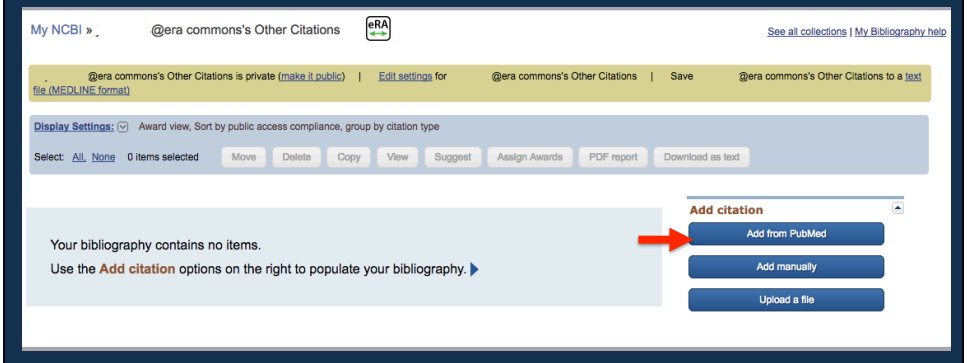

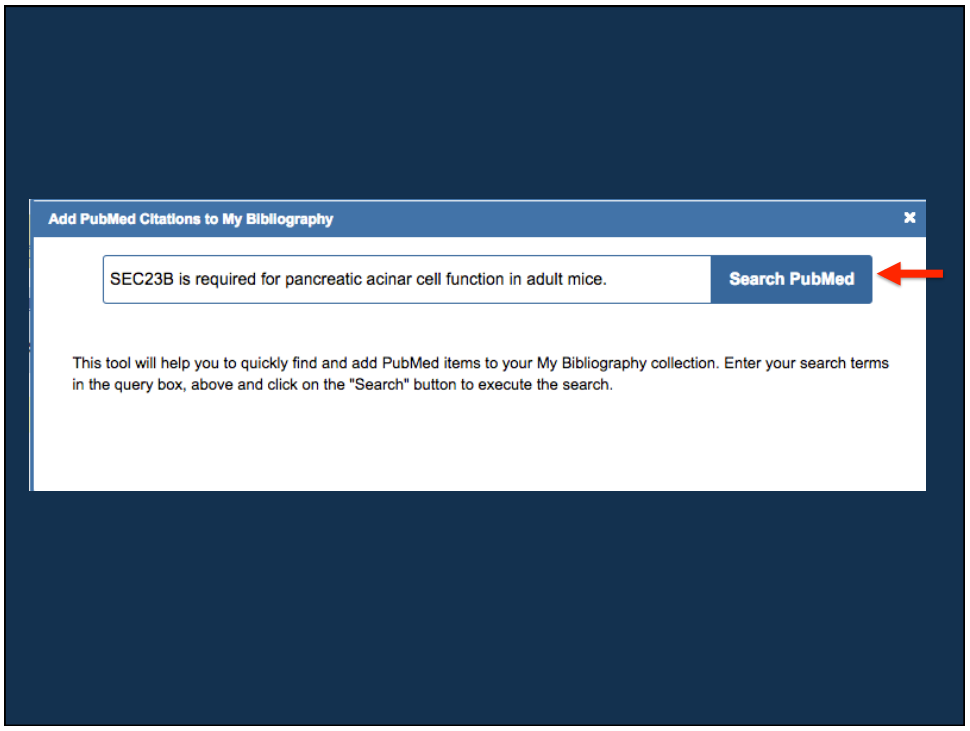
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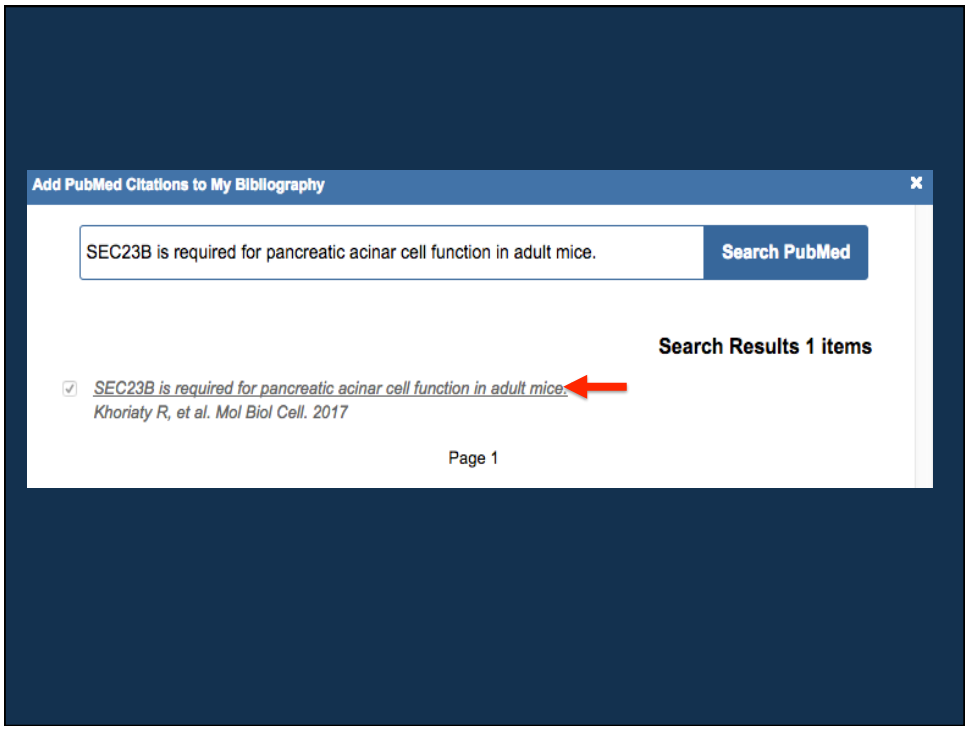
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Khoriaty R, et al. Mol Biol Cell. 2017
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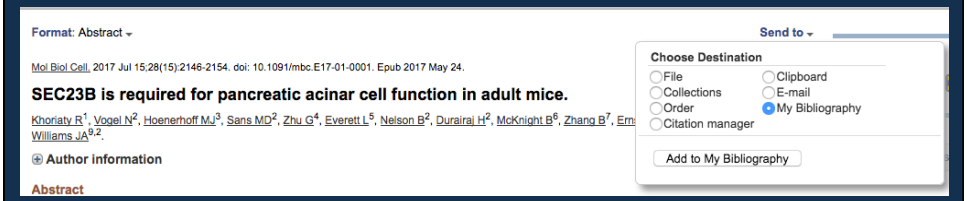
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SEC23B is required for pancreatic acinar cell function in adult mice.
Khoriaty R[1], Vogel N[2], Hoenerhoff MJ[3], Sans MD[2], Zhu G[4], Everett L[5], Nelson B[2], Durairaj H[2], McKnight B[6], Zhang B[7], Ern
Williams JA[8,2].
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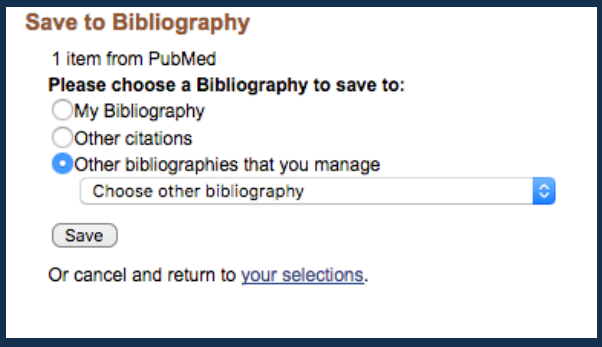
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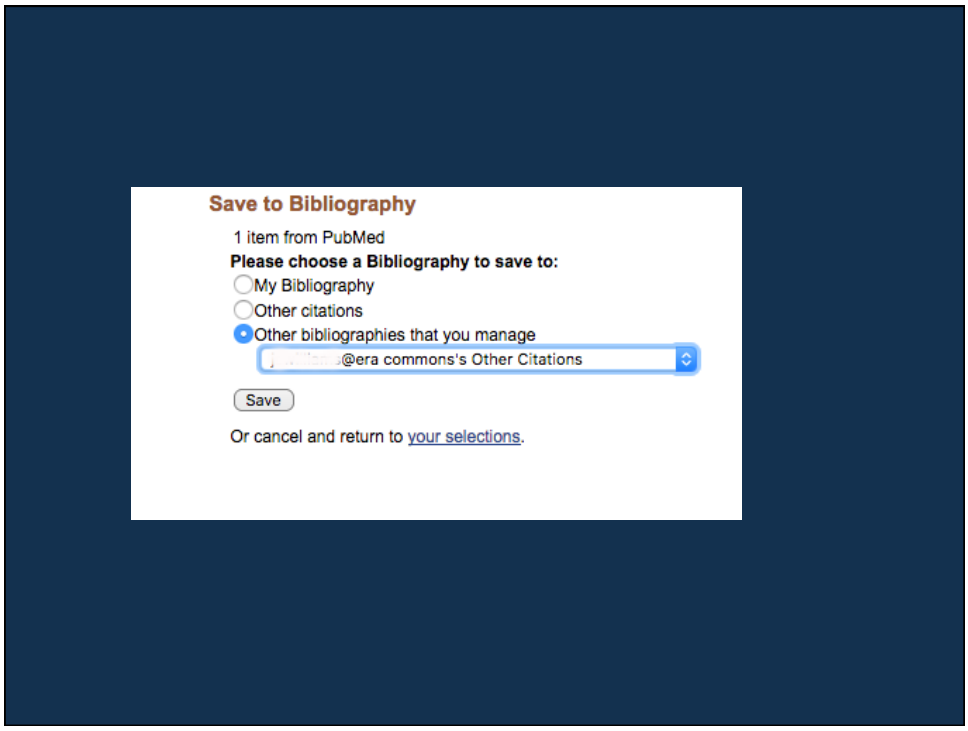
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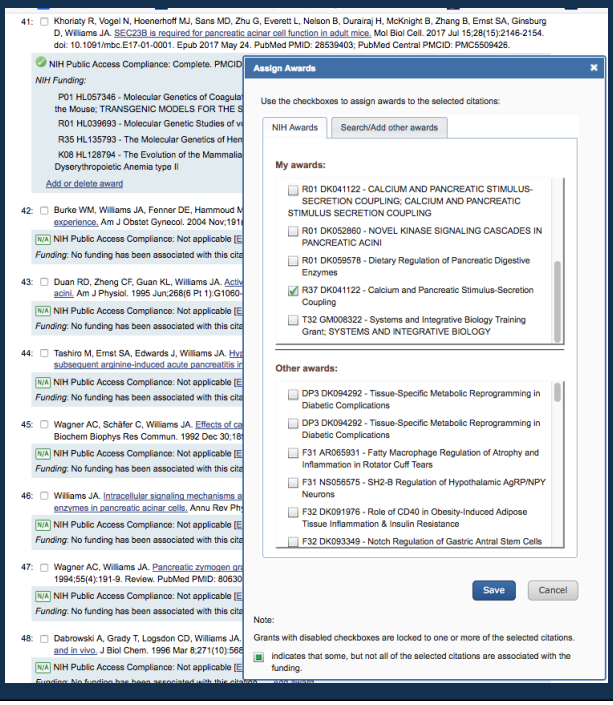
SEC23B is required for pancreatic acinar cell function in adult mice.
Khoriaty R[1], Vogel N[2], Hoenerhoff MJ[3], Sans MD[2], Zhu G[4], Everett L[5], Nelson B[2], Durairaj H[2], McKnight B[6], Zhang B[7], Ernst SA[8], Ginsburg D[9,4,10,11], Williams JA[9,2].



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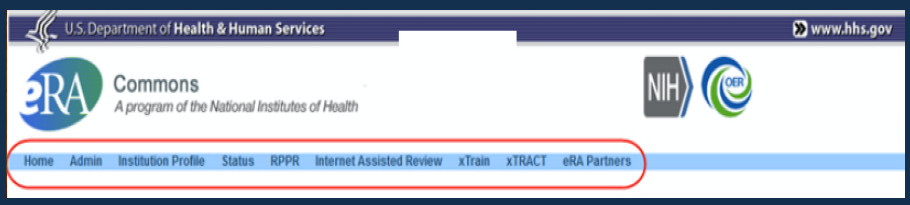
A program of the National Institutes of Health

eRA Commons is a set of web tools that are used for the administrative activities of NIH Grants.



Public Access Policy & eRA Commons

- If you cite a paper that falls under the Policy in an NIH grant application or progress report (Research Performance Progress Report RPPR), even if you are not an author, you must include a PMCID.
- Progress reports (RRRR) document grantee accomplishments and compliance with terms of an NIH award.
- RPPRs can be done by the Grantee, a delegate assigned by the Grantee, or a signing official who has "institutional authority to legally bind the institution in grants administration matter.
- The "institutional authority" is the Office of Research and Special Projects (ORSP).

PREPARING AN RPPR

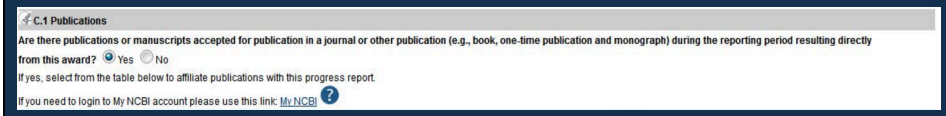
Logging into Commons and clicking RPPR initiates the progress report and reveals the list of the various parts of the RPPR that must be completed.

RPPR Section C.1-Products

- In this section all publications reporting research funded by an NIH Grant are reported.
- The publications listed here come from the Grantee's My Bibliography that has been linked to Commons.
- Publications that fall under the NIH Public Access Policy and are non-compliant still must be reported and have 10 days to get into compliance.
- It is advised that getting these non-compliance publications into compliance be done as soon as possible to ensure that the award is renewed in a timely manner.

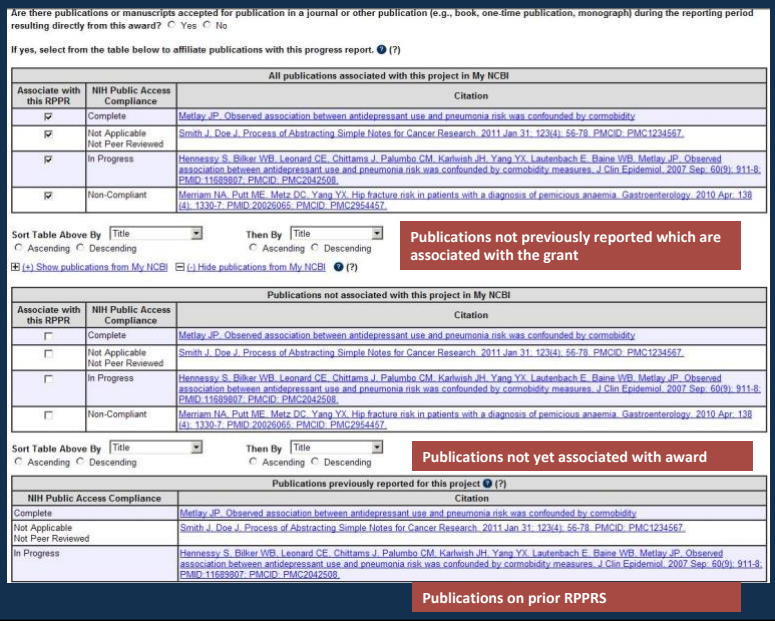
HOW TO REPORT PRODUCTS/PUBLICATIONS

- If there are no publications to report select No.
- If there are publications to report select Yes.



- If Yes is selected three tables will open.

THE TABLES



Are there publications or manuscripts accepted for publication in a journal or other publication (e.g., book, one-time publication, monograph) during the reporting period resulting directly from this award? ○ Yes ○ No

If yes, select from the table below to affiliate publications with this progress report. (?)

All publications associated with this project in My NCBI

Associate with this RPPR	NIH Public Access Compliance	Citation
☑	Complete	Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity
☑	Not Applicable Not Peer Reviewed	Smith J, Doe J. Process of Abstracting Simple Notes for Cancer Research. 2011 Jan 31; 123(4): 56-78. PMCID: PMC1234567.
☑	In Progress	Hennessy S, Bilker WB, Leonard CE, Chittams J, Palumbo CM, Karlwish JH, Yang YX, Lautenbach E, Baine WB, Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity measures. J Clin Epidemiol. 2007 Sep; 60(9): 911-8. PMID: 11689807; PMCID: PMC2042508.
☑	Non-Compliant	Merriam NA, Putt ME, Metz DC, Yang YX. Hip fracture risk in patients with a diagnosis of pernicious anaemia. Gastroenterology. 2010 Apr; 138 (4): 1330-7. PMID: 20026065; PMCID: PMC2954457.

Sort Table Above By: Title ○ Ascending ○ Descending Then By: Title ○ Ascending ○ Descending

(+) Show publications from My NCBI (-) Hide publications from My NCBI (?)

Publications not previously reported which are associated with the grant

Publications not associated with this project in My NCBI

Associate with this RPPR	NIH Public Access Compliance	Citation
☐	Complete	Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity
☐	Not Applicable Not Peer Reviewed	Smith J, Doe J. Process of Abstracting Simple Notes for Cancer Research. 2011 Jan 31; 123(4): 56-78. PMCID: PMC1234567.
☐	In Progress	Hennessy S, Bilker WB, Leonard CE, Chittams J, Palumbo CM, Karlwish JH, Yang YX, Lautenbach E, Baine WB, Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity measures. J Clin Epidemiol. 2007 Sep; 60(9): 911-8. PMID: 11689807; PMCID: PMC2042508.
☐	Non-Compliant	Merriam NA, Putt ME, Metz DC, Yang YX. Hip fracture risk in patients with a diagnosis of pernicious anaemia. Gastroenterology. 2010 Apr; 138 (4): 1330-7. PMID: 20026065; PMCID: PMC2954457.

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Publications not yet associated with award

Publications previously reported for this project (?)

NIH Public Access Compliance	Citation
Complete	Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity
Not Applicable Not Peer Reviewed	Smith J, Doe J. Process of Abstracting Simple Notes for Cancer Research. 2011 Jan 31; 123(4): 56-78. PMCID: PMC1234567.
In Progress	Hennessy S, Bilker WB, Leonard CE, Chittams J, Palumbo CM, Karlwish JH, Yang YX, Lautenbach E, Baine WB, Metlay JP. Observed association between antidepressant use and pneumonia risk was confounded by comorbidity measures. J Clin Epidemiol. 2007 Sep; 60(9): 911-8. PMID: 11689807; PMCID: PMC2042508.

Publications on prior RPPRS

THE TABLES AND MY BIBLIOGRAPHY

- The tables in the RPPR Products draw information from the Grantees My Bibliography in the My NCBI account.
- The publication data in these tables is dynamic until the progress report is submitted to the agency.
- Any change to the data occurring in PubMed, PubMed Central, the Grantees My Bibliography account, or in the compliance status of a publication, will refresh upon saving the C.1 Products section, or opening the RPPR in another session.
- When the progress report is submitted to the agency, the publication data is frozen in the progress report.

RESPONDING TO NON-COMPLIANCE NOTIFICATIONS

- The grantee must respond to this non-compliance notification.
- "NIH can accept anything other than compliance with the policy only in the **rarest** of circumstances, such as a death of the sole author."
- "NIH will not process RPPRs until all papers arising from the award are compliant with the public access policy. That means funding for awards with non-compliant RPPRs could be delayed. The NIH manuscript submission system (NIHMS) is processing papers in about 3 weeks. We encourage you to ensure compliance well before your RPPR is due to avoid delays processing your RPPR and receiving funding." *Posted on September 27, 2017*

QUESTIONS?