

| <b>Department of Health and Human Services<br/>Public Health Service<br/>Ruth L. Kirschstein National Research<br/>Service Award<br/>Termination Notice</b>  |                   |   |                       | 1. NAME OF FELLOW OR APPOINTEE (Last, First, Middle)<br>Bower, Brian, D   |  |   |      |                       |
|--|-------------------|---|-----------------------|---|--|---|------|-----------------------|
|  |                   |   |                       | 2. GRANT NO.<br>2T32AG000114-31   |  |   |      |                       |
| 3. NAME OF SPONSORING INSTITUTION<br>REGENTS OF THE UNIVERSITY OF MICHIGAN - ANN ARBOR   |                   |   |                       | 4. SOCIAL SECURITY NO.<br>XXX-XX-XXXX   |  | 5. DEGREE(S) EARNED/COMPLETION DATE(S)<br>BS(06/2008), PHD(10/2014)   |      |                       |
| 6. DATES OF SUPPORT UNDER THIS AWARD (Month, day, year): FROM: 12/01/2014 TO: 11/30/2016   |                   |   |                       |   |  |   |      |                       |
| 7. TOTAL KIRSCHSTEIN-NRSA STIPEND RECEIVED AND NUMBER OF MONTHS SUPPORTED UNDER THIS AWARD (See specific instructions for Amount of Stipend)   |                   |   |                       |   |  |   |      |                       |
| YEAR OF SUPPORT  | AMOUNT OF STIPEND | ARRA  | NUMBER OF Months Days |   | YEAR OF SUPPORT  | AMOUNT OF STIPEND   | ARRA | NUMBER OF Months Days |
| YEAR 30  | 42,000.00         |   | 12                    | 0   |  |   |      |                       |
| YEAR 31  | 44,556.00         |   | 12                    | 0   | <b>TOTALS</b>  | <b>86,556.00</b>  |      |                       |
| 8. Provide a summary of the training, career development, or research education received and the research undertaken during fellowship or appointment period, and describe how it furthered your career. List publications, if any, resulting from the research during this period. List grants and career awards pending and received. If a fellowship or appointment is being terminated early, indicate the reason.   |                   |   |                       |   |  |   |      |                       |
| <p>Trainee received training in the biology of aging, and other topics relevant to the NIH Interventions Testing Program, to include formulating hypotheses and planning and conducting experiments to test those hypotheses. Specific areas of training included skills relevant to analysis of protein and mRNA expression in long-lived and slow-aging mouse models, and cell from such mice grown in culture. Additional training included statistical analysis of data sets of medium to large size and complexity as part of a high throughput drugs screen conducted as part of the Glenn Foundation of Aging Research. Trainee received additional professional development opportunities through extracurricular activities conducted by the postdoc association.</p> |                   |   |                       |   |  |   |      |                       |
| 9a. POST-AWARD INFORMATION: Please mark a single box in each of the categories below   |                   |   |                       |   |  | 9b. POST-AWARD POSITION TITLE, ORGANIZATION, CITY, AND STATE (if known)   |      |                       |
| <b>Type of Position</b><br><input type="checkbox"/> Student<br><input type="checkbox"/> Resident/Clinical Fellow<br><input checked="" type="checkbox"/> Postdoctoral Researchers<br><input type="checkbox"/> Research Scientist (non faculty)<br><input type="checkbox"/> Faculty: Tenure-Track<br><input type="checkbox"/> Faculty: Other<br><input type="checkbox"/> Clinical Staff/Private Practice<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other   |                   | <b>Activity</b><br><input type="checkbox"/> Further Education/ Training<br><input type="checkbox"/> Teaching<br><input checked="" type="checkbox"/> Research<br><input type="checkbox"/> Administration<br><input type="checkbox"/> Clinical Practice<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other |                       | <b>Organization</b><br><input checked="" type="checkbox"/> Academic<br><input type="checkbox"/> Industry<br><input type="checkbox"/> Government<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Non-profit<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Other |  | Postdoctoral Research Fellow,<br>Biology of Aging, University of Michigan: Department of Pathology, Ann Arbor, MI |      |                       |
| 10a. POST-AWARD MAILING ADDRESS (Street, city, state, zip code)  |                   |   |                       |   | 11. OTHER RELEVANT PHS SUPPORT   |   |      |                       |
| 317 South Division Street, Suite 168, Ann Arbor, MI, 481042203   |                   |   |                       |   | <input checked="" type="checkbox"/> Kirschstein-NRSA:<br>Period of Support      Grant No<br>08/01/2010 - 07/31/2011      2T32GM007092-36 |   |      |                       |
| 10b. TEL NO.   |                   |   |                       |   | <input type="checkbox"/> NIH Loan Repayment Program<br><input type="checkbox"/> NHSC Scholarship: No of months: 0                        |   |      |                       |
| E-MAIL: bowerb@med.umich.edu   |                   |   |                       |   |  |   |      |                       |
| 12. SIGNATURE OF FELLOW OR TRAINEE (See specific instructions)   |                   |   |                       |   | DATE   |   |      |                       |
| 13. Certification of Sponsor or Program Director: that to the best of my knowledge all the above information is correct.   |                   |   |                       |   |  |   |      |                       |
| SIGNATURE  |                   |   |                       | DATE  |  | TYPED NAME OF SPONSOR OR PROGRAM DIRECTOR   |      |                       |

**14. Business Official's Verification of Items 6 and 7. (Not applicable to individual fellows at Federal or foreign institutions.)**

|           |      |                                 |              |
|-----------|------|---------------------------------|--------------|
| SIGNATURE | DATE | TYPED NAME OF BUSINESS OFFICIAL | TEL:<br>FAX: |
|-----------|------|---------------------------------|--------------|

**15. (For Government use only) The information provided in Items 6 and 7 is in agreement with PHS records.**

|           |      |                                 |
|-----------|------|---------------------------------|
| SIGNATURE | DATE | TYPED NAME AND AWARDDING OFFICE |
|-----------|------|---------------------------------|

PHS 416-7