CONTRACT NO: DAMD17-92-C-2003

TITLE: CLINICAL RESEARCH OF HIV VACCINE STUDIES ON CHIMPANZEEs

PRINCIPAL INVESTIGATOR: Dr. Arthur W. Rowe
Dr. Elizabeth Muchmore

CONTRACTING ORGANIZATION: New York University Medical Center
550 First Avenue
New York, New York 10016

REPORT DATE: April 30, 1993

TYPE OF REPORT: Annual Report

PREPARED FOR: U.S. Army Medical Research and Development Command, Fort Detrick
Frederick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for public release;
distribution unlimited

The findings in this report are not to be construed as an
official Department of the Army position unless so designated by
other authorized documents.
Twelve Chimpanzees housed in the LEMSIP facilities have been assigned to this project involving research on HIV vaccine studies. The attached table indicates the chimpanzees that are currently in the assigned pool of animals. This is a "dynamic" pool of animals where chimpanzees are used and replaced as needed and does represent the specific animals that will eventually be selected for vaccine study.
FOREWORD

In conducting research using animals, the investigator(s) adhered to the "Guide for the Care and Use of Laboratory Animals," prepared by the Committee on Care and Use of Laboratory Animals of the Institute of Laboratory Animal Resources, National Research Council (NIH Publication No. 86-23, Revised 1985).

Citations of commercial organizations and trade names in this report do not constitute an official Department of the Army endorsement or approval of the products or services of these organizations.
SCIENTIFIC PROGRESS

Twelve chimpanzees housed in the LEMSIP facilities have been assigned to this project involving research on HIV vaccine studies. The attached table indicates the chimpanzees that are currently in the assigned pool of animals. This is a "dynamic" pool of animals where chimpanzees are used and replaced as needed and does represent the specific animals that will eventually be selected for vaccine study.

The accompanying table provides detailed information on each animal in this dynamic pool. The history of each animal includes year of birth, current weight, viral exposure, regimen, clinical notes, source and previous user. All animals are observed daily. Periodic physicals and monitoring of liver enzymology, hematology, TB, urinalysis and parasitology is done on each animal and all remain healthy.

The available animals have not yet been subjected to any studies as outlined in the contract proposal, hence, there is no scientific progress to report. We eagerly await initiation of the studies.

A site visit to LEMSIP was made on 9 December 1992 by Ms. T. Nelson, Contracting Officer, Col. P. Zack, Contracting Officer, Col. N. Powell, Animal Use Review Officer and Dr. M. Lewis of the Henry M. Jackson Foundation Research Laboratory in Rockville, MD. The purpose of the meeting was to inspect the facilities and to meet with LEMSIP faculty and staff prior to initiation of the anticipated studies. Col. Powell inspected IACUC committee reports and reviewed AALAC accreditation requirements with LEMSIP. Discussions were held regarding the options available for taking care of infected animals after the end of the study. Specific capabilities involving Flow Cytometry, PCR analysis and virus isolation were assessed to make plans for effecting future investigative research.

A detailed financial report of expenditures involving this contract period was prepared by the Controller's office of the New York University Medical Center. A copy of this report is attached.
PLANS FOR THE NEXT REPORT PERIOD

After meeting with representatives of the U.S. Army Medical Research and Development Command, specific details regarding animal sampling and shipment of samples from LEMSIP in Tuxedo, N.Y. to Jackson Laboratories facility. We anticipate initiation of innoculation experiments involving the available chimpanzees once reliable sample delivery has been established.

DISTRIBUTION

This report is being sent to:
- Office of Naval Research, NY (1 copy)
- Commander/Director, Walter Reed Army Inst. of Rsch. (4 copies)
- Commander, U.S. Army Med. Research & Development Command, Fort Detrick, MD (6 copies)

Report Prepared by: Arthur W. Rowe, Ph.D.
Professor
LEMSIP-New York University Medical Center
CHIMPANZEES ON RESERVE FOR DOD CLINICAL RESEARCH OF HIV VACCINE STUDIES

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<th>CH</th>
<th>Animal</th>
<th>YOB</th>
<th>WT</th>
<th>WN</th>
<th>HB</th>
<th>NAB</th>
<th>HC</th>
<th>HA</th>
<th>EB</th>
<th>CM</th>
<th>TX</th>
<th>MAb</th>
<th>BR</th>
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Key:

0  Naive
0.5 - 1 Exposed but negative
2  Surface Antibody
3  Antigen Carrier
4  Two Strains Given
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.
**Analysis of Claimed Current and Cumulative Costs and Fees Earned**

<table>
<thead>
<tr>
<th>Major Cost Elements</th>
<th>Amount for Current Period Billed</th>
<th>Cumulative Amount from Inception to Date of this Billing</th>
</tr>
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<tbody>
<tr>
<td>Salaries</td>
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<td>Research Services</td>
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PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

U.S. Army Medical Research Acquisition Activity
Attn: SGRD-RMA-RM
Fort Detrick
Federick, MD 21702-5104

DATE VOUCHER PREPARED
April 14, 1993

PAYEES NAME AND ADDRESS
New York University Medical Center
550 First Avenue
New York, NY 10016

PAYEE'S ACCOUNT NUMBER
60-1-8306

PAYMENT-APPROVED FOR EXCHANGE RATE

For details, see attached page
Cost Reimbursement-Provisional Payment
"I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."

Anthony Marsicano, Assistant Controller

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

CHECK NUMBER ON ACCOUNT OF U.S. TREASURY CHECK NUMBER ON (Name of bank)

PAID BY CASH DATE PAYEE

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.
### Analysis of Claimed Current and Cumulative Costs and Fees Earned

<table>
<thead>
<tr>
<th>Articles or Services</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
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</thead>
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<tr>
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<tr>
<td>Contract No. DAM 17-92-C-2003</td>
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<tr>
<td>Target/Estimated Cost</td>
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</table>

#### Major Cost Elements

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<thead>
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<th>Description</th>
<th>Quantity</th>
<th>Unit Price</th>
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**Cumulative Amt from Inception to Date of this Billing**

**Amount for Current Period Billed**
**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**

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<th>Administrative Contracting Office</th>
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<tr>
<td>Office of Naval Research (N62927)</td>
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<tr>
<td>Resident Representative</td>
</tr>
<tr>
<td>33 Third Avenue - Lower Level</td>
</tr>
<tr>
<td>New York, NY 10003-9998</td>
</tr>
</tbody>
</table>

**DATE VOUCHER PREPARED**

August 25, 1992

**SCHEDULE NO.**

17-92-C-2003

**PAID BY**

New York University Medical Center

550 First Avenue

New York, NY 10016

**SHIPPED FROM**

New York University Medical Center

550 First Avenue

New York, NY 10016

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

**PAYEE'S ACCOUNT NUMBER**

60-1-8306

**GRIEVEMENT B/L NUMBER**

**ARTICLES OR SERVICES**

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<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td><strong>For details, see attached page</strong></td>
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</tr>
<tr>
<td><strong>Cost Reimbursable-Provisional Payment</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>&quot;I certify that all payments requested</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>are for appropriate purposes and in</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>accordance with the agreements set forth</strong></td>
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<tr>
<td><strong>in the application and award documents.&quot;</strong></td>
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</table>

Anthony Marsico, Assistant Controller

8/25/92

**PAYMENT:**

PROVISIONAL

COMPLETE

PARTIAL

FINAL

PROGRESS

ADVANCE

**APPROVED FOR**

$1.00

**EXCHANGE RATE**

$1.00

**DIRECTIONS**

Amount verified correct for

Signature or initials

**TITLES**

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer's) (Title)

**ACCOUNTING CLASSIFICATION**

**CHECK NUMBER**

ON ACCOUNT OF U.S. TREASURY

**CHECK NUMBER**

ON (Name of bank)

**PAID BY**

CASH

**DATE**

PAYEE

The information requested on this form is required under the provisions of 31 U.S.C. 92b and 92c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

**PRIVACY ACT STATEMENT**
### Public Voucher for Purchases and Services Other Than Personal

**CONTINUATION SHEET**

**U.S. Department, Bureau, or Establishment**

US Army Medical Research Acquisition

<table>
<thead>
<tr>
<th>Number and Date of Order</th>
<th>Date of Delivery or Service</th>
<th>Articles or Services</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
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#### Analysis of Claimed Current and Cumulative Costs and Fees Earned

<table>
<thead>
<tr>
<th>Major Cost Elements</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
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<tbody>
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<td>$68 680</td>
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<td>$256,553.54</td>
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PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION
Administrative Contracting Office
Office of Naval Research (N62927)
Resident Representative
33 Third Avenue - Lower Level
New York, NY 10003-9998

DATE VOUCHER PREPARED
May 28, 1992

SCHEDULE NO.

PAYEES ACCOUNT NUMBER
60-1-8306

PAYMENT: APPROVED FOR

EXCHANGE RATE

DIRECTIONS

ACCOUNTING CLASSIFICATION

TOTAL $17,231.90

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer) (Title)

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.
## Public Voucher for Purchases and Services Other Than Personal

**CONTINUATION SHEET NYU A/C 60-1-8306**

<table>
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<tr>
<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>NYU Medical Center</td>
<td>550 First Avenue New York, NY 10016</td>
<td>Contract No. DAMD17-92-C-2003 Target/Estimated Cost</td>
<td>$275,000.00</td>
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</tr>
</tbody>
</table>

### Analysis of Claimed Current and Cumulative Costs and Fees Earned

- **Cumulative Amount from Inception to Date of this Billing:**
  - **Current Period:** 4/1/92-4/30/92

### Major Cost Elements

- **Salaries:** $3,253.00, $18,038.19
- **Fringe Benefits:** 748.00, 4,148.75
- **Animal Charges:** 13, 230.90, 70,586.49
- **Assignment Fees:** 0, 69,000.00
- **Equipment:** 0, 26,100.00

### Total Direct Costs

- Total Direct Costs: 17, 231.90, 187,873.43

### Indirect Costs

- 0, -

### Total Cost

- Total Cost: 17, 231.90, 187,873.43
**Public Voucher for Purchases and Services Other Than Personal**

**U.S. Department, Bureau, or Establishment and Location**
Administrative Contracting Officer
Office of Naval Research (N62927)
Resident Representative
33 Third Avenue - Lower Level
New York, NY 10003-9998

**Date Voucher Prepared**
April 24, 1992

**Contract Number and Date**
17-92-C-2003

**Requisition Number and Date**

---

**Payee**
New York University Medical Center

**Name**
550 First Avenue

**Address**
New York, NY 10016

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<table>
<thead>
<tr>
<th>Number and Date of Order</th>
<th>Article or Service</th>
<th>Articles or Services</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>February 1, 1992</strong> to <strong>March 31, 1992</strong></td>
<td>Cost Reimbursable-Provisional Payment</td>
<td>For details, see attached page</td>
<td>$21,906.93</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Payment**
- Provisional
- Complete
- Partial
- Final
- Progress
- Advance

**Payment Approved For**
- $3

**Exchange Rate**
- $1.00

**Total**
- $21,906.93

**Observations**
- Amount verified, correct for
- Signature or initials

---

**Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.**

**Signature**
Anthony Marsicano, Assistant Controller

---

**Accounting Classification**

---

**Privacy Act Statement**
The information requested on this form is required under the provisions of 31 U.S.C. 6201 and 621, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will render discharge of the payment obligation invalid.
**U.S. Army Medical Research Acquisition Act**

**CONTINUATION SHEET NYU A/C 60-1-8306**

<table>
<thead>
<tr>
<th>NUMBER AND DATE OF ORDER</th>
<th>DATE OF DELIVERY OR SERVICE</th>
<th>ARTICLES OR SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NYU Medical Center</td>
<td></td>
<td>Contract No. DAMD17-92-C-2003</td>
<td></td>
<td></td>
<td>$275,000.00</td>
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<tr>
<td>550 First Avenue</td>
<td>New York, NY 10016</td>
<td>Traget/Estimated Cost</td>
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</table>

**Analysis of Claimed Current and Cumulative Costs and Fees Earned**

<table>
<thead>
<tr>
<th></th>
<th>Current Period to Date of Billed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/1/92-3/31/92</td>
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</tbody>
</table>

**Major Cost Elements**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$14,785.19</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>$3,400.75</td>
</tr>
<tr>
<td>Animal Charges</td>
<td>$57,355.59</td>
</tr>
<tr>
<td>Assignment Fees</td>
<td>$69,000.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>$26,100.00</td>
</tr>
<tr>
<td>Total Direct Costs</td>
<td>$170,641.53</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td></td>
</tr>
<tr>
<td>Total Cost</td>
<td>$170,641.53</td>
</tr>
</tbody>
</table>
**PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL**

**U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION**
U.S. Army Medical Research Acquisition Activity
Attn: SGRD-RMA-RM
Fort Detrick—Frederick, MD 21702-5104

**DATE VOUCHER PREPARED**
March 18, 1992

**SCHEDULE NO.**

**CONTRACT NUMBER AND DATE**
DAMD 17-92-C-2003

**REQUISITION NUMBER AND DATE**

**PAID BY**

**PAYEE’S NAME**
New York University Medical Center

**PAYEE’S ADDRESS**
550 First Avenue
New York, NY 10016

**DATE INVOICE RECEIVED**

**DISCOUNT TERMS**

**PAYEE’S ACCOUNT NUMBER**
60-1-8306

**SHIPMENT FROM**

**TO**

**WEIGHT**

**ARTICLES OR SERVICES**
For details, see attached page
Cost Reimbursable-Provisional Payment
"I certify that all payments requested are for appropriate purposes and in accordance with the agreements set forth in the application and award documents."

**QUANTITY**

**UNIT PRICE**

**AMOUNT**
$29,918.89

**PAYMENT, APPROVED FOR**
PROVISIONAL

**AMOUNT**

**TOTAL**

$29,981.89

**ACCOUNTING CLASSIFICATION**

**PAYED BY**

**AMOUNT**

**PRIVACY ACT STATEMENT**

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.
### Analysis of Claimed Current and Cumulative Costs and Fees Earned

<table>
<thead>
<tr>
<th>Major Cost Elements</th>
<th>Amount for Current Period Billed</th>
<th>Cumulative Amount from Inception to Date of this Billing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$ 2,861 86</td>
<td>$ 8,090.19</td>
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<tr>
<td>Fringe Benefits</td>
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<td>1,860.75</td>
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<tr>
<td>Animal Charges</td>
<td>26 461 80</td>
<td>43,683.66</td>
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<tr>
<td>Assignment Fees</td>
<td>-0-</td>
<td>69,000.00</td>
</tr>
<tr>
<td>Equipment</td>
<td>-0-</td>
<td>26,100.00</td>
</tr>
<tr>
<td>Total Direct Costs</td>
<td>29 981 89</td>
<td>148,734.60</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>-0-</td>
<td>-0-</td>
</tr>
<tr>
<td>Total Cost</td>
<td>$ 29 981 89</td>
<td>$148,734.60</td>
</tr>
</tbody>
</table>