

News: To Use!



Information Customer Feedback

December 1996

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TRANSHARE APPLICATION: now available on the Web!

http://www.recgov.org/transhare/tran.html

CLINICAL RESEARCH CENTER: Preparing for 1998 Construction

Large scale construction requires many months of preparatory work to get ready for the momentous ground-breaking day, which is planned for early 1998. The new 850,000 square foot 250-bed hospital and laboratory complex will be added to the north face of Building 10. Communication with the NIH community will be a top priority at every stage.



Before any construction can begin on the new Clinical Research Center (CRC), one of the most important steps is the installation of a temporary road for the southern entrance of the existing Clinical Center. The southern side of the building is directly on the other side of the Clinical Center from the familiar main entrance plaza on Center Drive. Though the new road will be temporary, it will be configured in such a way that the green space that is left after the road is removed will fit in with the Master Plan. Later in 1997, after the southern entrance road is finished, Center Drive will be relocated. It will become a semi-circle in front of the Clinical Center and will eventually coincide with the front of

the new Clinical Research building.

In addition to the CRC project, there are twenty separate utility and building projects that are either planned or in construction in the general vicinity of the Clinical Center complex. All of these projects address critical program needs or urgent utility improvements, and these different types of work will be done at the same time. To avoid interference and to ensure that all steps are taken in the intended order, a computer program is being designed that will section the campus in a grid pattern. Before anyone starts digging or building, they can check the grids that their work will affect to make sure there is no negative overlap with another project. In addition, each project officer will maintain his or her own Web site.

Anticipating the cumulative effect of the CRC and other campus building projects is the responsibility of the Office of Research Services, which is working hard to minimize disruption on campus.

INFORMATION: George Williams 6-3193

CPR + EMT = A LIFE SAVED ON CAMPUS

On a Saturday in late September, the NIH Fire Department received an urgent call for help: someone was having seizures at the Medical Center Metro bus stop. An ambulance was dispatched immediately. When the paramedics jumped out, they found a person who was not breathing and had no detectable pulse.

An unidentified bystander, who quietly disappeared when the ambulance arrived, had been administering cardiopulmonary resuscitation (CPR). The NIH ambulance crew requested an Advanced Life Support Medic Unit from Montgomery County Fire and Rescue, and continued CPR. When it arrived, paramedics administered intravenous cardiac drugs and defibrillated the patient. On the short drive to Suburban Hospital, the NIH firefighters continued CPR.

The patient was successfully resuscitated and received treatment in the Cardiac Intensive Care Unit. Survival was attributed to two important factors:

- 1. Rapid initiation of CPR and
- 2. Effective pre-hospital emergency care provided by the trained and experienced Emergency Medical Technicians (EMTs) of the NIH Fire Department

This excellent example illustrates the value of CPR training—everyone should invest a few hours to learn CPR. Courses are offered free or at low cost throughout the metropolitan area.

At NIH, **Heartsaver** courses are given two or three times a month through the Occupational Medical Service (OMS).

INFORMATION: OMS 6-4111

ROCKLEDGE CENTRE: A Very Good Year

It has been a year since the Division of Space and Facility Management (DSFM) leased 253,000 square feet of the Rockledge Centre in Bethesda to house part or all of four different ICDs: NHLBI, OER, DRG and NCRR.

Auxiliary services are plentiful at Rockledge. They include a credit union, Recreation and Welfare store, self-service store, mail room, copier room, and cafeteria. Parking is close and convenient.

The building was redesigned to be accessible for our employees with disabilities. In addition to remote control devices for parking gates, there is a wheelchair lift that goes to and from the handicap parking area in the lower indoor garage. Proper signage was a general building priority, as were automatic door openers, accessible stalls in all of the bathrooms, and a designated floor monitor to assist during emergencies.

On the ninth floor of Rockledge II, there are four large conference rooms, and a video-teleconferencing room. All are very much in demand and reservations are required. Rockledge Centre is an ideal conference location. In addition to 50 visitor parking spaces—more on request— shuttles and public transportation are very handy.

DSFM is proud of the high level of customer service it provides. A cross-functional team addresses any need that arises. The team receives requests, complaints, and comments from customers, and assures their satisfaction by following up to make sure each situation is resolved.

INFORMATION: Ray Hamilton 6-5862

PERMIT IMPRINT NUMBERS: No Longer Two for All, But to Each ICD, Its Own

Every year, NIH spends over 50% of its postal budget on permit imprint mailings. In the past, there were only two permit imprint numbers, G-291 and G-763, for all of NIH. That meant that all the ICDs used these two numbers. While that made for easy from an identification and printing standpoint, it made it extremely difficult to assess specific postal costs to the appropriate ICDs.

To permit direct accountability, NIH has requested that the US Postal Service (USPS) assign an individual permit imprint number to each NIH ICD. The Mail Services Branch will notify each ICD of its new permit imprint number within the next few weeks. In the interim, ICDs should continue to use NIH permit numbers G-291 and G-763. Although the old permit numbers will be discontinued after December 31, 1996, the USPS may accept pre-printed material with the old permit numbers as long as ICDs coordinate such requirements with the Mail Services Branch.

Mailers should contact the Mail Services Branch for further information concerning the use of permit

imprint numbers.

INFORMATION: John Hunt 2-4171

RADIATION SAFETY GUIDE: A New 1996 Edition Debuts

The new Radiation Safety Guide is an update well worth reading. There have been changes since the last update was published, especially in the areas of radioactive waste management and security of radioactive materials. Every person who is registered with the Radiation Safety Branch has an important responsibility and should take the time to read the entire publication. Familiarize yourself and the individuals under your authorization with the current requirements and programs.

The Radiation Safety Guide addresses many areas of concern. From simple registration of individuals for radioactive contact, to the fetal protection program, to the important administrative, clerical duties of receiving and labeling of radioactive material, and the rooms and equipment, the guide covers it all. Other topics included in the guide are monitoring for radiation exposure, how to keep proper records, the use of radioactive materials in research animals, and, of course, emergency procedures.

The guides have been distributed and there are a limited number of extra copies available. If you have a guide, you may feel free to photocopy it for your colleagues. The Radiation Safety Branch is also working on placing the Radiation Safety Guide on-line in electronic format in the near future. The online version will be announced when it is available.

> INFORMATION: Bob Zoon 6-2254 or e-mail <u>bobzoon@nih.gov</u>

BUILDING 50: A Vision Becomes A Reality in the Year 2000

Picture the humble parking lot just north of Building 12. Jump ahead to autumn leaves falling in the year 2000, when that site will have on it an incredible 248,000 square foot multi-institute research facility. Ground breaking for the four or five story building is scheduled for June of 1997.

The architect chosen to design Building 50 is Hansen Lind Meyer (HLM) of McLean, Virginia, along with GPR of White Plains, New York, a lab planning firm, and Ross Murphy Finkelstein (RMF) of Baltimore, a mechanical engineering firm. For the final design development and construction, many of the important considerations were contributions from the scientific directors and principal investigators whose labs will be housed in the building. ORS set up an e-mail "listserv" to encourage the exchange of ideas among all the principal investigators. A Home Page for Building 50 is located in the ORS Web site. It enables anyone from NIH to track the project's progress. In addition to electronic meetings, ORS

hosted "mixers" where scientists got together to offer opinions about different plans that were presented to them . Collaboration with peers is an important part of the research process, and is also critical in facility planning, allowing everyone to brainstorm with like-minded professionals. It made sense to ORS to interact with the future inhabitants of the building, people who have very specific needs and requirements that determine the success of their experiments. An example of the kind of debate that occurred was the pros and cons of corridor placement and elimination. Maximization of bench space and improved lab safety are the top priorities in this type of decision.

Although Building 50 will not be quite as cozy as the buildings it replaces—Buildings 2, 3 and 7—it will be a technological masterpiece. The basement, for example, is in high demand already, with its vibration-free space for scientific instruments such as high resolution electron microscopes and nuclear magnetic resonance (NMR) equipment, including a sophisticated gigahertz NMR. Still, the coziness factor was not abandoned. Each floor of the building is divided into six areas called neighborhoods. Each neighborhood is made up of seven or eight lab modules with work stations. Each neighborhood has its own "break area" for lunch and informal gatherings. This design encourages collaboration among scientists who will be working—for the first time—near scientists in similar fields who work for other ICDs. The intramural programs of NHLBI, NIAID, NIAMS, NIDDK and NCHGR will all be represented in Building 50.

Of the three lab buildings that Building 50 will replace, only Building 7 will eventually be lost, in the last phase of the twenty year 1995 Master Plan for NIH. Recognizing and respecting our historic past, Buildings 2 and 3 will retain their original external appearance, while their interiors will be transformed into modern offices.

Project Officer Frank Kutlak, an architect with ORS' Division of Engineering Services, has said that his greatest challenge is making a building that is adaptable and flexible. Kutlak is confident that Building 50 will meet the specific needs of its first occupants, as well as the future need of those who follow.

INFORMATION: Frank Kutlak 2-3691

HIGH ACHIEVERS IN RECYCLING!

In seven years, the NIH Recycling Program has recycled over 5,300 tons of material ... that is almost 12 million pounds! In 1990, the total was 288 tons. By 1995, it was four times as much with a total of 1175 tons. In 1990, of the over eight thousand tons of waste destined for the landfill, only 3% was diverted to be recycled. By 1995, in contrast, of the thirteen thousand tons, the percent diverted to recycling rose to 9%. Back in 1990, only six years ago, NIH recycled two major categories: white and mixed paper, and wood pallets. At the present time, we recycle seven different materials, including aluminum cans, metal, cardboard and polypropylene.

Over 3,600 tons of white and mixed paper have been recycled since 1990. The ORS Division of Safety is responsible for the NIH Recycling Program, and they welcome your ideas and suggestions for expanding it. Recycling is completely voluntary. With the cooperation of the enthusiastic NIH community, the amounts recycled and diverted from landfill will certainly continue to grow.

INFORMATION: Environmental Protection Branch 6-7990

ACRF CAFETRIA:

Extensive Renovation Plans Include Temporary Closing



The ACRF cafeteria was closed for renovations on October 19 and will be closed for three months—into part of January 1997. Weekend patrons of the ACRF cafeteria should use the B1-Level cafeteria in the Clinical Center. For the next three months, the Clinical Center Nutrition Department will relocate to the ACRF cafeteria to continue their operations while

their facility undergoes an extensive renovation. During this time, ORS' Division of Engineering Services will also shut down the ACRF dining area next to the cafeteria and renovate the existing ceiling.

To accommodate the overflow of patrons, Guest Services, Inc. (GSI)—which operates the ACRF cafeteria—will provide the following services in the B1-Level Cafeteria during this time period:

- Weekend services: hours of operation are 6 am to 11 pm.
- Weekday services: extended hours of operation from 5:30 am until 11 pm
- In the coffee atrium, there will be refrigerated units containing grab-and-go items such as freshlymade packaged sandwiches and salads as well as bottled juices and water. New hours are from 7 am-5 pm.

Normal operations are scheduled to begin in the ACRF cafeteria by the end of January 1997.

INFORMATION: Pam Jenkins 6-3172

'TIS THE SEASON TO BE JOLLY???

The winter holiday season is a time of rushing around, planning little details and big parties, and spending a considerable amount of money on perfect gifts. For some, the busy swirl is fun. For others, this season is very depressing. Demands are overwhelming, and loneliness is more painful than ever.

To teach people ways to cope with the stress of the holidays, the NIH Employee Assistance Program (EAP) is offering a one hour seminar at two locations:

Building 10 Visitors' Center Little Theater— Tuesdays, noon to 1:00: December 10 and 17 Executive Plaza North—Wednesdays, noon to 1:00: December 11/Conference Room E and December 18/Conference Room F



The main causes of "holiday blues" are varied. The emphasis on celebrating with friends and

family can heighten the sense of loneliness that some people feel, and depression can intensify. Unrealistically high expectations don't help either. Last but not least, the winter season brings shorter hours and less sunlight, which affects many people adversely.

If anything about the holiday season is troublesome to you, drop in on one of the convenient lunchtime sessions. There is no reservation to make, no fee to pay and the sessions are open to everyone.

INFORMATION: EAP 6-3164

COPY PROCUREMENT MADE EASIER

In an ongoing effort to streamline the procurement process, the NIH Policy Manual Chapter 26101-26-8 on Copying Equipment has been rescinded. This means that Printing and Reproduction Branch (PRB) clearance is no longer required for the purchase, rent or lease of copying equipment.

Reporting of copier meter readings to the PRB is no longer required either. However, offices with copiers under maintenance or rental contracts should still take monthly meter readings and make those readings available to the vendors supplying those services as required in the Federal Supply Schedule contracts.

The procurement of copiers continues to be regulated by the same governmental policies covering the acquisition of all commodities and services. Federal Supply Schedule use is mandatory for the purchase of copiers. Recent changes to NIH BPAs with five copier vendors now allow for the purchase of copiers with a Record of Call. Rotate sources among vendors for purchases under \$2,500. Competition between at least three FSS vendors is required for buys over \$2,500. For guidance, refer to the NIH Acquisition Handbook and small purchase procedures contained in the Federal Acquisition Regulations, Subpart 8.4 on Federal Supply Schedules. The NIH community can still call the PRB for copier information and assistance in the selection process.

INFORMATION: PRB 6-6781

FOIL THE FLU: IT'S NOT TOO LATE — Make-Up Times Available

Every fall, the Occupational Medical Service (OMS) and the Clinical Center Epidemiology Service offer **free flu immunizations for NIH employees**. This year the program ran from October 16 through November 21, and thousands of people extended their arms and winced a bit, with the incentive of a healthy winter. But do not despair if you did not find the time to get your shot within the official schedule. **Since Friday, November 22, make-up sessions have been available**.

People who develop the flu suffer not only with the symptoms—coughing, fever, a stuffy nose,

headaches, muscle aches, and fatigue—but will need to use up some of their sick leave, and may put fellow employees at risk for the flu. The flu can spread rapidly and easily from one person to another. Getting an immunization has an added benefit: it shows you care! And if you don't *get* the flu, you can't *give* the flu.

Millions of people suffer with the flu every year. It can be a dangerous disease, but most of us do not think of it that way. Did you know that each year the flu and flu-related complications put between 250,000 and 500,000 Americans in the hospital? And that it results in the death of almost 20,000 people in the United States? Because of these serious consequences, the Centers for Disease Control (CDC) in Atlanta recommends flu immunization. It is simply the best way to avoid getting the flu. It is especially important to minimize the chances of developing the flu if you:

- have chronic pulmonary or cardiovascular disease
- are over 64 years old
- have been treated for renal dysfunction or a chronic metabolic disease in the past year
- are immunosuppressed
- are working in settings with high risk populations, such as the NIH Clinical Center!

Do not worry about getting a vaccine. They cannot cause the flu! Perhaps this occurred a long time ago, however, research has improved vaccines and eliminated problems. The most frequent side effect is really nothing to fear: mild soreness around the injection site. *Rare allergic reactions* have been reported in people who are hypersensitive to a component of the vaccine made from egg protein. **If you are allergic to eggs,** consult with your doctor before you make plans to get a vaccine.

Immunization is necessary every year because the flu is caused by three types of viruses, with mutated strains, and new viruses develop each year. Also, vaccine protection lasts only about 3-6 months.

NIH employees are fortunate because they can receive a free flu immunization, at work, without even making an appointment. Take advantage of this opportunity to reduce the risk of coming down with a painful disease, and to avoid the possibility of passing it along to family, friends and NIH patients.

The Influenza Immunization Make-Up Schedule is as follows until further notice:

Building 10—Room 6C306 Tuesdays Wednesdays and Thursdays from 10:00 am to 11:00 am

Please remember, you just walk in, no appointments are necessary. Only use the telephone number below if you have questions about the vaccine and your personal medical history.

INFORMATION: Occupational Medical Service 6-4411

ARTHUR ASHE TREE RELOCATION

Did you know that NIH has an American Liberty Elm tree dedicated to tennis champion Arthur Ashe, Jr., who died of AIDS? The American Liberty Elm is resistant to disease, specifically to Dutch Elm Disease. It is a variety of the American Elm, and was planted two years ago, on World AIDS Day in December of 1994.

In anticipation of the Clinical Research Center construction, the Grounds Maintenance and Landscaping Section (GMLS) staff must transplant the tree from the northwest corner of Center Drive and West Drive. The new location has not yet been decided upon, however, six different places are under consideration. The move will not take place until fall, when the tree is dormant.

INFORMATION: Lynn Mueller 6-4817

UTILITY TUNNEL EXPANSION PROGRAM: Progress Report

Much of our existing underground pipe system at NIH was laid in 1953. These utility pipes provide steam for heat and sterilization, chilled water for air conditioning, electrical power, communication systems and water. Pipe replacement is more than just a matter of age ... with over 40 years of progress, a bigger and better system is necessary for existing and planned buildings—especially the Clinical Center.

The construction around campus is difficult to miss. Late this past summer, ground was broken at the following three initial locations :

- Parking Lot 13C near the intersection of South Drive and Memorial Drive
- South entrance to the Clinical Center, near South Drive and Service Road West
- Center Drive east of Building 1, near Wilson Drive

During the next several months, temporary two-lane roads will be installed in phases near Center Drive. Pedestrian walkways will be rerouted around construction sites. The NIH community has been and will continue to be notified of all changes by signs, notices and memos. Construction will be done over two years, in phases—16 phases to be exact—to minimize the inevitable disruption that occurs whenever improvements are made.

INFORMATION: Juanita Mildenberg 6-5037

EXTRA, EXTRA: MORE NEWS!

Extra copies of NEWS: TO USE! are available until supplies run out.

INFORMATION: Tim Tosten 6-6121

MISSION: COMMUNICATIONS

The purpose of this newsletter is to inform and communicate with the entire NIH community about ORS projects, policy changes and initiatives that are of immediate practical interest, along with some items that might be filed away for future use. The Office of Research Services directly affects you and the place where you spend your whole day—your office, your building, your entire organization. Therefore, your satisfaction is our utmost concern. Please let us hear your ideas and comments.

NEWS: TO USE!

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For information about this WWW site, please contact <u>ORS Webmaster</u> National Institutes of Health Bethesda, MD 20892



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TRANSPORTATION NEWS: NIH and Public Transit Updates

Gail Thorsen has left NIH to pursue other interests. For a while, she will be pursuing her two young children! Thank you, Gail, for all you did to promote transportation programs for the NIH community!

MONTGOMERY COUNTY'S RIDE ON BIKE PROGRAM: Up and Rolling!

Montgomery County Transit's **RIDE ON** bus system has installed bike racks onto the front of each of its large buses. The bike racks allow bicyclists to "park" their bikes while they ride the buses. This service puts many more bikes on the road.

"It's a great way to keep in shape and protect the environment," says Carolyn Biggins, Chief of the Division of Transit Services. "Our bike program helps bicyclists make important connections in the County for work or play. By making bike riding a part of the regular commute, our riders and bikers can keep in shape, save money on parking and gasoline, and help preserve good air quality."

Each rack holds two bicycles and supports most wheel and frame sizes, even children's bikes. However, **RIDE ONE** buses cannot carry motorized bikes.

To help bike riders use the racks with maximum safety and security, **RIDE ON** offers the following tips: as the bus approaches, prepare to mount your bike from the curb site, let the operator know you are using the rack and remove water bottles and air pumps. Gently pull up the center handle of the rack and unfold it, placing your bike in the slot nearest the bus. Lift the support arm up and over the front tire and secure it.

As you near your stop, let the operator know that you will be unloading your bike. Raise and lower the support arm, making sure to unload your bike from either the front of the bus or curb side. Life the bike from the rack. Fold the rack up after unloading your bike and make sure it is secured because the operator cannot see it . Signal the driver when you and the bike have cleared the path of the bus.

RIDE ON Information:

Routes, Schedules, Brochures Transit Information Center 217-2944 TTY/TDD 217-2222

MARC UPDATES: Frederick Extension Gets the Green Light

The Federal Transit Administration (FTA) approved and distributed \$9.8 million to the state of Maryland for the construction of the MARC extension to Frederick. The total project cost is estimated to reach almost \$50 million. The 13.5 miles of track will parallel Route 270. It will have two stations, one in downtown Frederick and a suburban station at Route 355 opposite the Francis Scott Key Mall. The suburban station will feature 500 parking spaces. Construction is scheduled for completion by the end of 1998.

FLEX YOUR SCHEDULE

MARC commuters can now hop aboard a MARC train, named the "Flex-Time Train," which leaves Union Station at 3:33 each afternoon. This new service was added to accommodate people who work flexible hours or earlier schedules, such as 7-3.

INFORMATION: MARC 1-800-325-7245

THE KINDEST CUT: A Fare Cut

Metrobus and Ride-On fares will cost less—with some special free times on certain routes—in an effort to increase ridership. This program, in which the state is subsidizing the lost revenue, is already in effect and will continue through next June.

Metrobus fares decrease from \$1.10 to fifty cents for riders on the following lines who do not transfer to other buses: B-21, B-22, B-23, B-24 and B-25, C-28 and the 87 and 88 routes of the Laurel Express Line. These routes affect the following areas: Belair, Bowie, New Carrollton, Pointer Ridge and Laurel.

Ride On passengers will not have to pay at all on outbound service on 19 routes from the Shady Grove Metro station. To qualify for the fare exemption, passengers must board a Ride On bus at Shady Grove and present the driver with a Metrorail transfer. The routes are 43, 53, 55, 57 through 65, 71 through 75, 77 and 90.

RIDE ON Information:

Routes, Schedules, Brochures Transit Information Center 217-2944 TTY/TDD 217-2222

Tom Brightwell, Employee Transportation Services Office 2-RIDE (7433)

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CHANGES IN DISCOUNT FARES: Who Pays the Penalties?

NIH wants to encourage travelers to save as many of our scarce travel dollars as possible. If you believe that you can meet the requirements of non-refundable or penalty fares, **and** you are confident that the trip will take place as planned, with no last minute flight changes, tell your Ober agent that you want the lowest possible fare. If you must cancel or change your ticket for a **valid official reason**, your ICD will pay for the unused ticket—official portion **only** if personal travel was also involved—or pay the fee for changing it. Some airlines may allow you to use the ticket for the same destination within one or two years, or may allow a change in destination for a fee. Ask your Ober agent. Keeping the ticket and using it for future official travel may avoid losing the entire purchase cost.

I WANT MY TICKET AND I WANT IT NOW!

Ober usually issues tickets so that they will be ready about two working days before travel. A traveler recently questioned this policy. The reason for issuing tickets as close as possible to the departure date is a good one; airlines make thousands of schedule changes and other types of changes *every single day*. Therefore, the later a ticket is issued, the more likely it is that you will arrive at the airport with an accurate ticket.

The Memorandum of Understanding between NIH, GSA and Ober recognizes this fact and specifies that under normal circumstances, tickets will not be issued more than two working days prior to the start of travel. There are two exceptions. If a discount fare requires advance payment, Ober will purchase and issue the tickets within the proper time frame. Also, if the ticket is needed earlier because the traveler is on leave or in travel status, Ober will honor the request for early ticketing.

IMPORTANT OBER TELEPHONE NUMBERS	
TTY Service: 301-907-8221	
Toll Free Service:	

During business hours from outside DC: 800-638-8500 after-hours and emergencies: 800-366-2100.

GOT A PROBLEM? Make a Comment!

Ober's mission is clear: to provide quality travel services to NIH travelers. That is why your input is essential. Completing the Comment Card found in your ticket jacket is one method of being heard. The formal procedure for submitting complaints is defined in the NIH Manual Chapter 1500-1, dated April 30, 1992.

A less formal but equally effective option is to forward comments to Anne Gillen, the NIH Project Officer, via e-mail or telephone, using the information in the box below.

DID YOU KNOW ... About Ober's Shuttle Service?

You can't beat a good shuttle service for convenience and worry-free travel to the airport. Eliminate those parking hassles by taking advantage of Ober's shuttle service. It goes between NIH and Dulles Airport for Ober-ticketed travelers, and operates on the following schedule:

7:00 am to 6:00 pm, Monday-Friday
Every hour on the hour odd hours from NIH to Dulles even hours from Dulles to NIH.
Pick-up/drop-off at NIH— Buildings 10 and 31, and Executive Plaza
Pick up at Dulles (subject to change) Arrival Level near Exit Door 2G

Reservations are required, however, only one day's advance notice to Ober is sufficient.

INFORMATION AND RESERVATIONS: Ober 496-8900

REMINDER: THE RMBCS VISA CREDIT CARD,

the government purchase card, cannot be used for *any* travel expenses transportation, hotel, meals or vehicle rental!

GENERAL INFORMATION NOT LISTED ABOVE:

ANNE GILLEN: phone 2-1661 or e-mail <u>ag16g@nih.gov</u>

OBER: e-mail <u>oberhq@ix.netcom.com</u>

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US A LINE! Mr. Steve Ficca, the Associate Director for Research Services, would like to respond to your questions, comments and suggestions ... or is there anything you would like to know about the Office of Research Services but were afraid to ask? Here is your chance!

Topic Discussions:

- most useful information in this newsletter
- subjects that should be addressed in a future issue
- general comments
- specific questions

Your name:		
Building & Room:		
Phone Number:	_	

_____ Please check if you would like your comments & our response to be kept confidential.

FAX YOUR COMMENTS TO MR. FICCA'S OFFICE: 2-0604

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