



Appl. #
FRN #

Final Report

Update Profile and Grant Information - NPI Profile

Nominated Principal Applicant/Candidate

Surname

Given Names

Mailing Address:

Telephone

Fax

How long have you been an independent researcher? _____

Are you a clinician, health practitioner, health professional, or health provider who is in a role in which you make clinical judgements and/or decisions? Yes No



Update Profile and Grant Information - Research Team

Other Applicants

Name Role

Institution



Update Profile and Grant Information - Financial Support

Enter the amount of the contribution received in financial support from the following organizations:

Organization	Yes - Cash support
CIHR Funding	\$ _____
Academia	\$ _____
International	\$ _____
Private	\$ _____
Private	\$ _____



Update Profile and Grant Information - Financial Support

Enter the amount of the contribution received in financial support from the following organizations:

Organization	Yes – Cash support
Private	\$ _____
Private	\$ _____
Private	\$ _____
Public	\$ _____
Voluntary	\$ _____
Total	\$ _____

SAMPLE



Research Findings – Lay Summary and Implications of Key Findings

SAMPLE



Research Findings - Contribution to CIHR mandate

To what extent do you feel the research results from this grant contributed to the CIHR mandate?

	Not at all	Some extent	Great extent	May in the future
1. Creating new health knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Translating the knowledge from the research setting into real world applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Improving health for Canadians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Creating more effective health services and products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Strengthening the Canadian health care system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SAMPLE



Broader Impacts - Human Research Participants

How many human research participants were enrolled in this study?

No human research participants enrolled

If yes, total number of human research participants:

Participant Types	Number
Males	
Females	
Not Collected	
Total	

How many institutions were involved?

How many institutions?	From which countries?	From which province? (Canada only)

Have human research participants benefited as a result of participating in this grant?

No benefit to human research participants

Yes, please describe

Describe (max. 1000 characters including spaces)



Broader Impacts - Outcomes

Which of the following have resulted or will result from this grant?

Outcomes	Advanced		Newly developed		May in the future	Please describe with an example
	Yes	No	Yes	No		
Research method	<input type="radio"/>					
Theory	<input type="radio"/>					
Replication of research findings	<input type="radio"/>					
Tool, technique, instrument, or procedure	<input type="radio"/>					
Professional practice	<input type="radio"/>					
Policies, guidelines or programs	<input type="radio"/>					
Information or guidance for patients or public	<input type="radio"/>					
Patients' or public behaviour(s)	<input type="radio"/>					



Vaccines/Drugs	<input type="radio"/>					
Software/Database	<input type="radio"/>					
Patent (filled or obtained)	<input type="radio"/>					
Product licence	<input type="radio"/>					
Spin-off company	<input type="radio"/>					
Intellectual property claim	<input type="radio"/>					
Direct cost savings (individual, organization, system, or population level)	<input type="radio"/>					
Findings cited by others (e.g. finding referenced/included in subsequent synthesis, practice guideline, etc.)	<input type="radio"/>					



Broader Impacts - Impact/Contribution of findings (max. 2000 characters)

Is there anything else CIHR should know about how findings from this grant may be having an impact/make an important contribution? Yes No

SAMPLE



Research Capacity and Training - Qualifications for members

Has participation in this grant led to formal qualifications (e.g. PhD) for any members of the project team or is it likely to do so? Yes No

Qualifications	Year degree awarded or expected	Contributions from specific project			
		A little extent	Some extent	Considerable extent	Great extent
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Advancing Knowledge – Scientific Production

Please indicate the number of each of the following items related to this grant, by you or others on your team

	# Published	# Submitted
Journal Articles		
Books/Book chapters		
Reports/Technical reports		

	# Invited	# Others
Presentations		

	In Canada			International		
	#Print	#Broadcast	#Internet	#Print	#Broadcast	#Internet
Interviews with Journalists/Articles in Mass Media						



Advancing Knowledge - Open access publications

Have you adhered to the following requirements outlined in the CIHR Open Access Policy?

Responsibilities	Yes	No	N/A
Ensure that all research papers generated from CIHR funded projects are freely accessible through the Publisher's website or an online repository within twelve months of publication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deposit bioinformatics, atomic, and molecular coordinate data into the appropriate public database (e.g. gene sequences deposited in GenBank) immediately upon publication of research results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retain original data sets for a minimum of five years (or longer if other policies apply)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acknowledge CIHR support by quoting the funding reference number in journal publications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you selected no, please explain why you were not able to comply: (max. 2000 characters including spaces)

- I was funded prior to January 1st 2008
- Other, please explain for each responsibility:

SAMPLE



Advancing Knowledge - Peer-reviewed publications

Information of Peer-Reviewed Publications

1	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
2	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
3	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
4	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
5	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	



6	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
7	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
8	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
9	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
10	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	



11	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
12	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
13	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
14	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	
15	Title*	Supported by this CIHR grant <input type="radio"/> Fully <input type="radio"/> Partially
		Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL DOI	



Information of Presentations	
1	Title* <input type="checkbox"/> This was an invited presentation
	Author(s)
	Type of presentation
	Workshop / Conference Name Date
	Location
	URL
2	<input type="checkbox"/> This was an invited presentation
	Author(s)
	Type of presentation
	Workshop / Conference Name Date
	Location
	URL
3	Title* <input type="checkbox"/> This was an invited presentation
	Author(s)
	Type of presentation
	Workshop / Conference Name Date
	Location
	URL
4	Title* <input type="checkbox"/> This was an invited presentation
	Author(s)
	Type of presentation
	Workshop / Conference Name Date
	Location
	URL
5	Title* <input type="checkbox"/> This was an invited presentation
	Author(s)
	Type of presentation
	Workshop / Conference Name Date
	Location
	URL



6	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	
7	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	
8	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
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9	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	
10	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	



11	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	
12	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	
13	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	
14	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	
15	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
	URL	