

Department of Obstetrics & Gynaecology
Internal AEF Grant Project Funding – Status Reporting Form

Project Information	
1. Faculty Member Name:	
2. Research Project Title:	
3. Amount of Funding Received:	
4. Start Date (mm/yy):	
5. End Date (mm/yy):	
6. Study Status:	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Delayed
7. Report Type:	<input type="checkbox"/> Close-out <input type="checkbox"/> Interim

Project Outcomes	
1. Please summarize the outcomes / research findings from your project: <i>Maximum 200 words</i>	
2. Please list any collaborators who were part of this project:	

Information on Peer-Reviewed Publications	
Please list in the space below any publications related to this grant and attached a copy where applicable:	
Title:	
Primary Author Name:	
Author(s):	
List Journals:	

Information on Presentations/Posters:

List in the space below any presentations/posters related to this grant and attached a copy where applicable:

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Project Funds

Please confirm that all expenses related for this study have been submitted for reimbursement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the amount of funding spent on the project:	\$
Please identify any unspent funds remaining at the end of the project:	\$

Close-out Consent:

Complete this section if this is a close-out report and the project is completed.

I hereby request that the department's financial officer close the research account associated with this grant and recover any unused funds.

**Please note that all unspent funds in your research account will be returned to the Department of Obstetrics & Gynaecology now that your study is completed.*

Signature of Principal Investigator

Date

Please forward the completed form by email or in hard copy to:

Dawn Vanhie, Financial Officer
 Department of Obstetrics & Gynaecology
 Room B2-403
Dawn.Vanhie@lhsc.on.ca