Department of Surgery

Resident Research Grant – End of Study Reporting Form

**Study Information**

|  |  |
| --- | --- |
| 1. **Resident Name:**
 |  |
| 1. **Supervisor Name:**
 |  |
| 1. **Research Project Title:**
 |  |
| 1. **Amount of Funding Received:**
 |  |
| 1. **Start Date (mm/yy):**
 |  |
| 1. **End Date (mm/yy):**
 |  |
| 1. **Study Status:**
 |  |
| 1. **Please identify three key research findings from your study:**
 |  |

**Information on Peer-Reviewed Publications**

Please list in the space below any publications related to this grant:

|  |  |
| --- | --- |
| **Title:** |  |
| **Journal:** |  |
| **Primary Author Name:** |  |
| **Author(s):** |  |
| **Volume Number:** |  |
| **Page Number(s):** |  |
| **Year:** |  |

|  |  |
| --- | --- |
| **Title:** |  |
| **Journal:** |  |
| **Primary Author Name:** |  |
| **Author(s):**  |  |
| **Volume Number:** |  |
| **Page Number(s):** |  |
| **Year:** |  |

**Information on Presentations:**

Please list in the space below any presentations related to this grant:

|  |
| --- |
|  |

**Study Funds:**

|  |  |
| --- | --- |
| Please confirm that all expenses related for this study have been submitted for reimbursement: |  |

\*Please note that all unspent funds in your research account will be returned to the Department of Surgery Office now that your study is completed.

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Signature of PI Date

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Signature of Resident Date

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

Janice Sutherland

Research & Graduate Program Coordinator

Department of Surgery

Room E3-117, SJHC

Janice.sutherland@sjhc.london.on.ca