



Appl. #

## 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 - Grant Information

#### Project Descriptors \*

##### Areas of Research \*

Primary

Secondary

##### Classification Codes \*

Primary

Secondary

##### Themes \*

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

##### Suggested CIHR Institutes\*

1st

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>



## **Update Profile and Grant Information - Research Team**

### **Other Applicants**

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Name	Role
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**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	\$ _____
Academia	\$ _____
Academia	\$ _____
Academia	\$ _____
Academia	\$ _____
Academia	\$ _____
Academia	\$ _____
Academia	\$ _____
Academia	\$ _____
Academia	\$ _____
International	\$ _____
International	\$ _____
International	\$ _____
International	\$ _____
International	\$ _____
International	\$ _____
International	\$ _____
International	\$ _____
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	\$ _____
Public	\$ _____
Public	\$ _____
Public	\$ _____
Public	\$ _____
Voluntary	\$ _____
Voluntary	\$ _____
Voluntary	\$ _____
Voluntary	\$ _____
Voluntary	\$ _____
	<b>Total</b> \$ _____

SAMPLE





**Research Findings – 1) Study Objectives / Research Questions** (max 2500 characters including spaces)

**Research Findings – 2) Methods & Measures** (max. 2500 characters including spaces)



**Research Findings – 3) Key Findings** (max 5000 characters including spaces)

SAMPLE



SAMPLE



**Research Findings – 4) Implications and Actual or Potential Impact** (max. 5000 characters including spaces)

SAMPLE



SAMPLE

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**Research Findings - Lay Summary of Key Findings** (max. 2000 characters including spaces)

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Translating the knowledge from the research setting into real world applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Improving health for Canadians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Creating more effective health services and products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Strengthening the Canadian health care system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Replication of research findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tool, technique, instrument, or procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Policies, guidelines or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information or guidance for patients or public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patients' or public behaviour(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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



**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 - Attracting new researchers**

CIHR is interested in whether Canada is attracting new health researchers to Canada to build capacity. Did your grant attract foreign researchers, research staff or trainees?  Yes  No

Type	From which countries?	How many individuals?

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 Policy on Access to Research Outputs?**

<b>Responsibilities</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Ensure that all research papers generated from CIHR funded projects are freely accessible through the Publisher's website or an online repository within six months of publication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retain original data sets for a minimum of five years (or longer if other policies apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledge CIHR support by quoting the funding reference number in journal publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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



11	Title*	Supported by this CIHR grant <input type="checkbox"/> Fully <input type="checkbox"/> Partially Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL	
	DOI	
12	Title*	Supported by this CIHR grant <input type="checkbox"/> Fully <input type="checkbox"/> Partially Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL	
	DOI	
13	Title*	Supported by this CIHR grant <input type="checkbox"/> Fully <input type="checkbox"/> Partially Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL	
	DOI	
14	Title*	Supported by this CIHR grant <input type="checkbox"/> Fully <input type="checkbox"/> Partially Volume No.
	Journal*	Number
	Primary Author Name*	Page No.
	Author(s)	Year
	URL	
	DOI	
15	Title*	Supported by this CIHR grant <input type="checkbox"/> Fully <input type="checkbox"/> 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	Title*	<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
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7	Title*	<input type="checkbox"/> This was an invited presentation
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8	Title*	<input type="checkbox"/> This was an invited presentation
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9	Title*	<input type="checkbox"/> This was an invited presentation
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	Workshop / Conference Name	Date
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10	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
	Location	
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	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
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12	Title*	<input type="checkbox"/> This was an invited presentation
	Author(s)	
	Type of presentation	
	Workshop / Conference Name	Date
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13	Title*	<input type="checkbox"/> This was an invited presentation
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	Type of presentation	
	Workshop / Conference Name	Date
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	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	



**Research Context - Access to required resources**

Overall, did you have access to the required research resources to undertake the research that was described in the research proposal that was approved for funding?  Yes  No

SAMPLE