**TFRI NEW FRONTIERS PROGRAM PROJECT RESEARCH REPORT FORMAT**

*[Insert text as requested between square brackets. Indicate N/A for not applicable. Report length ≤ 10 pp exclusive of appendices.]*

***Project No. & Title*:** [#### - ……]

***Period covered by this Report:*** [Start and End Date]

***Report submitted by:*** [Name & email address for follow up]

***Changes in Status of Project Members:***

[Note in the table below any changes in status to Principal Applicants (i.e. Project Leaders), Principal Investigators, Co-Investigators, and Collaborators. Expand the table if necessary.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | Institution | Email | New/Left |
|  |  |  |  |  |

***Scientific Progress Report:***

[Describe the research performed by each component of the project during this reporting period. 3-5 pages are recommended]

***Changes in your Research Plans:***

[Discuss any significant changes in your research plan since the original submission; i.e., research methodology, cancer site, etc.]

***Keywords (if changed):***

[List up to 10 keywords that best describe your research, and a way for someone to search the database for your project.]

***Highlights / Impact:***

[What is the single greatest impact your research has made on cancer treatment in the reporting period? For example, development of new knowledge, development of new methods, research cited in clinical guidelines, research cited in public policy documents or in commercialization.]

[List, if any, impactful publications you would like to highlight from the project during this reporting period. Include full citations with PMID.]

***Appendix*:**

[Confirm the status of any project-related certificates required by Host Institutions by checking the applicable boxes below.]

* Have research ethics certificates (including Human and Animal Care) been renewed?

 [ ]  Yes / [ ]  No / [ ]  Not applicable

* Have environmental, biohazard, and/or radioactive hazard certificates been renewed?

 [ ]  Yes / [ ]  No / [ ]  Not applicable

* Have regulatory approvals and amendments for Human Clinical Trial been received (if applicable)? [ ]  Yes / [ ]  No / [ ]  Not applicable
* Are there any changes to co-funding (if applicable)? If yes, please attach related documentation. [ ]  Yes / [ ]  No / [ ]  Not applicable

**Submission Date:** [Due by the Anniversary Date of the Project + 45 days, i.e. August 15th]

**Email to: reports@tfri.ca**