**TFRI TRANSLATIONAL RESEARCH REPORT FORMAT**

*[Insert text as requested between square brackets. Indicate N/A for not applicable. Report length ≤ 5 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]

***Highlights:***

[Itemize, provide the context for each advance and discuss the potential impact this new knowledge may have upon cancer patients.]

***Project Goals / Objectives & Milestones:***

[Expand the table and text below to track process of goals and milestones.]

|  |  |  |  |
| --- | --- | --- | --- |
|  | Objective / Goal / Milestone | Due Date | % completed |
| *1* | *e.g. Patient accrual* | *01/31/2009* | *60%* |
|  |  |  |  |

*Comment:*

[Use the comment line to provide additional information on altered or abandoned tasks, or outline challenges faced and why the changes were made, including the process used to reach the decision.]

***Future Work plan for the upcoming six months:***

[**EITHER** Expand the table and text below to track process of goals and milestones.]

|  |  |  |  |
| --- | --- | --- | --- |
|  | Objective / Goal / Milestone | Due Date | Responsible |
| *1* | *e.g. Opening clinical trial A* | *01/01/2010* | *Dr. X* |
|  |  |  |  |

*Comment/Rationale:*

[Add Rationale or Comment for altered goals, milestones. Alternatively, attach an updated GANTT project chart.]

[**OR for final project reports**, itemize strategies, plans, arrangements and funding for follow-on research, development and implementation of the project’s outcomes.]

***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 Semi-Annual Date of the Project + 45 days]

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