



Scoliosis Research Society

Research Grant Report

Reference Number:

Type of grant:

- Evidence Based Medicine
 Standard Investigator
 New Investigator
 Small Exploratory

Report for the period ending: _____

- Final Report
 Progress report

Part A: The Project and Investigator(s)

1. Project Title:

2. Investigator(s) and Academic Department/Units Involved

Research Team	Name	Department/Institution
Principal Investigator		

Co-investigator(s) (names only)	None

3. Project Duration

	Original	Extended <i>(only if approved by SRS)</i>
Project Start Date		
Project Completion Date		
Duration <i>(in months)</i>		

4. Project Expenditure

4.1 Sources of funding

SRS funded amount: US\$: _____

Other funding:

Source	Amount	Year obtained

4.2 Expenditure to date: US\$ _____

4.3 Balance: US\$ _____

Part B: Report on Project Progress

5. Project Aims

Specific aims of the project as per original application (please list):

6. Research Activities

(Please state the scope of investigation undertaken; results achieved; problems encountered; deviations from the original plan and the reasons for doing so etc.)

6.1 Research activities in relation to the project aims that were carried out up to the last Progress Report (*state briefly if any*)

6.2 Research activities in relation to the project objectives that were carried out during this reporting period

6.3 Summary of objectives addressed to date

Aims (as per 5 above)	Addressed (please tick ✓)	Percentage achieved (please estimate)
1.		
2.		
3.		

6.5 Areas to be addressed in the next reporting period:

Part C: Research Output to date

7. Peer-reviewed publication(s) arising directly from this research project

(Please attach a copy of the publication and/or the letter of acceptance if not yet submitted in the previous progress report(s))

Year published	Author(s) <i>(denote the corresponding author with an asterisk*)</i>	Title and Journal/Book <i>(with the volume, pages, and other necessary publishing details specified)</i>	Submitted to SRS previously <i>(Yes or No)</i>	Attached to this report <i>(Yes or No)</i>	Acknowledged the support of SRS <i>(Yes or No)</i>

8. Conference(s) *(please attach a copy of each conference abstract)*

Date/Month/Year/Place	Title	Conference Name	Submitted to SRS previously <i>(Yes or No)</i>	Attached to this report <i>(Yes or No)</i>	Acknowledged the support of SRS <i>(Yes or No)</i>

9. Other impact *(e.g. leverage of additional research funding, award of patents or prizes, collaboration with other research institutions, technology transfer, training of research staff and students, etc.) – please provide details..*

Principal Investigator:

Signature: _____

Name: _____

Date: _____