*Text in italics is explanatory and should be deleted in completed documents.*

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| **PTA Number:** | *(e.g. PTA-1234567-123-ABCDE)* |
| **Project Name:** |  |
| **PI(s):** | *(e.g., First Last, Degree)* |
| **Project Period:** | *(e.g., June 1, 2014 – October 31, 2017)* |
| **Reporting period** | *(e.g., June 1, 2014 – October 31, 2015)* |
| **Report Submission date:** |  |
| **Section One: Summary** | |
| *Please provide a short overview (1-2 paragraphs) of the project:*   1. *Briefly (4-5 sentences) describe both the research purpose and the underlying need for this research. Include sufficient detail for readers to get acquainted with the project without having to refer to your proposal.* 2. *State your hypothesis(es).* 3. *List the objective(s) of the research project* | |
| **Section Two: Activities and Progress** | |
| *Report on activities as outlined in your approved proposal for the period covered by this report and describe any changes to this, including the reasons for these. Please include any additional activities undertaken that are not in your work plan, providing the background to their inclusion.* | |
| **Section Three: Resulting Grants / Follow-up Funding** | |
| *Please provide any resulting grants (planned, submitted, funded, etc). If no preliminary results are available, state why (e.g., “The first period of data collection has only recently been completed and data analysis has not yet begun.”). Provide the information as needed for each additional grant.*  **RESULTING GRANTS:**  Grant Name:  Granting Agency:  Grant Number:  Grant Project Title:  PI:  Funding Amount:  Status:  SPO #:  Funding Start Date:  Funding End Date:  Resulting Grants Direct Costs:  Resulting Grant Indirect Costs:  **COMMENTS:** *Provide any additional information on the items noted above* | |

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| **Section Four: Resulting Publications, Clinical Trials, Patents, Startups** |
| *Please provide any resulting publications, clinical trials, patents. If no preliminary results are available, state why (e.g., “The first period of data collection has only recently been completed and data analysis has not yet begun.”).*  **RESULTING PUBLICATIONS: *(e.g.*** *Freedman SB, Adler M, Seshadri R, Powell EC. Oral ondansetron for gastroenteritis in a pediatric emergency department. N Engl J Med. 2006 Apr 20;354(16):1698-705. PubMed PMID: 16625009, PMCID*  Citation:  PMID:  PMCID:  Status:  **RESULTING CLINICAL TRIALS:**  Trial Title:  PI:  Approval Number(s):  Status:  **PATENTS:**  Title:  PI:  Patent Number:  Date Filed:  Date Approved:  **RESULTING STARTUPS:**  Name:  PI:  Status:  **COMMENTS:** *Provide any additional information on the items noted above* |

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| **Section Five: Risks, Issues and Challenges** | |
| *Are there any issues or problems that have impacted on the development and implementation of the project during the reporting period? Detail what impact any issues may have on the achievement of project targets, and set out how you plan to tackle these issues. Report on any unexpected project achievements.* | |
| **Section Six: Collaboration** | |
| *Are there any collaborations you have with any parties to run the project tasks? If any; please list them and indicate the type of collaboration* | |
| **Section Seven: Impact of the Award** | |
| *Briefly explain what receiving this award has meant to you, and the impact it has made on your research.* | |
| **Section Eight: NCX Requests** | |
| *If requesting a No Cost Extension, please complete the No Cost Extension Request form (located in the Toolkit on the Stanford Cancer Institute Funding Opportunity website at:* [*http://med.stanford.edu/cancer/research/funding.html*](http://med.stanford.edu/cancer/research/funding.html)*)* | |
| **Section Nine: Next Steps** | |
| *Please provide a very briefly list the activities planned and/ other information of relevance for the next stage of the project.* | |
| **Section Ten: List of Equipment** | |
| *Please provide the main equipment/systems were purchased from the budget of this project, please include the name, purpose, and model of them* | |
| **PI Name:** | **Signature and date:** |