*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:** | ***SCI 2018 Fellowship Award*** |
| **PI(s):** | *(e.g., First Last, Degree)* |
| **Funding Start Date:** | **07/01/2018** |
| **Funding End Date:** | **06/30/2019** |
| **Report Submission date:** | *(Due 07/30/2019)* |
| **Name of Institutional Mentor:** | *(e.g., First Last, Degree)* |
| **Section One: Training Progress Summary** | |
| *Please provide a summary of the clinical and research* ***training*** *progress during the reporting period. (1-2 paragraphs):* | |
| **Section Two: Research Project Progress Summary** | |
| *Please provide a summary of the research* ***projec****t progress to date (published and unpublished results). (1-2 paragraphs):* | |
| **Section Three: Summary (Lay language for use in newsletters, blogs, donor communication)** | |
| *Please provide a summary of the Fellowship training and research in lay language that will be published in the SCI newsletters, blogs, and donor correspondence. (1-2 paragraphs):* | |

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| **Section Four: Results** |
| *Please provide a list of publications and presentation supported by the Fellowship grant, including peer-reviewed publications, abstracts presentations that have been submitted, currently in review or accepted for publications. Also provide a list of any new clinical or research tools that you developed, or patents that were submitted during the course of the Fellowship. \*\* Please attach reprints of publications if applicable.*  **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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| **PI Name:** | **Signature and date:** |