

JAMES T. LUBIN FELLOWSHIP PROGRESS REPORT

1. Progress report period

- 6 months
 12 months
 24 months

2. Name of Grantee Organization

3. Grant Number

4. Project Period

4a. Start Date 4a. End Date

5a. Name of Institutional Mentor

5b. Institutional Mentor's Email Address *

6a. Name of James T. Lubin Fellow

6b. Fellow's Email Address

7. Provide a summary of the clinical and research training progress during the reporting period.

8. Provide a summary of the research project progress to date (published and unpublished results).

9. Human Subjects

- yes
 no

9a. Is the research exempt? 9b. Exemption number

9c. IRB approval date 9d. Federal Wide Assurance Number

10. Vertebrate Animals

- yes
 no

10a. If yes, IACUC approval Date 10b. Animal Welfare Assurance Number



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11. Provide a list of publications and presentations supported by the Fellowship grant, including peer-reviewed publications, abstracts, presentations that have been submitted, currently in review or accepted for publication during the reporting period.

11a. Please attach reprints of publications, if applicable

12. Have you participated in education and awareness activities with the TMA community during the reporting period?

12a. Provide a short summary of your experience.

13. Have you developed any new clinical or research tools or submitted a patent during the course of the Fellowship?

13a. Provide details, including plans to make these tools available for academic, non-commercial research.

14. Provide a summary of the Fellowship training and research in lay language that will be published in the TMA newsletter and/or blog.

15. Financial Report

Please use a template for the report in accordance with your institution. Financial report should include actual expenses to date with a comparison to the project budget, and explanations of the variances, if any.

Budget justification: Write a short narrative explanation for budget justification.

Note: Please note that if there are remaining funds from an individual grant, The TMA may either: 1) request a refund of the unspent funds, or 2) request a proposal to consider the use of unspent funds.

Name and Title of Official Signing for Applicant Organization

Email

Hereby, I confirm that the statements herein are true, complete and accurate to the best of my knowledge and accept the obligation to comply with The Transverse Myelitis Association's grant terms and conditions

I confirm

Signature/Name of Official

Date



THE TRANSVERSE MYELITIS
ASSOCIATION

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info@myelitis.org