

## MMSF Final Repot Form

Complete and submit this final report to complete your obligations for your MMSF Award (Research Operating Grant or Salary Award) received from the Manitoba Medical Service Foundation. This will be useful information to track and improve the process of the MMSF Awards, and to determine the impact of MMSF Awards.

MMSF AWARD - PROJECT AND REPORT DETAIL	
Report Submission Date: <input type="text"/>	
MMSF File #:	<input type="text"/>
Project Title:	<input type="text"/>
Original Award Funding Term: (dd-mm-yyyy / dd-mm-yyyy)	<input type="text"/> to <input type="text"/>
MMSF Award Start Date: (dd-mm-yyyy)	<input type="text"/>
MMSF Award End Date: (dd-mm-yyyy)	<input type="text"/>
Total Amount of Award:	\$ <input type="text"/>
MMSF Funding Amount:	\$ <input type="text"/>
Cooperative Funding Partner Information (if applicable) Partner Name and Funding Amount :	<input type="text"/> \$ <input type="text"/>
Institution(s) where the research was conducted:	<input type="text"/>

Principal Investigator (PI)	
PI Name: Last, First, middle:	<input type="text"/>
Professional Position	<input type="text"/>
Address:	<input type="text"/>
Telephone Number:	<input type="text"/>
Cell Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Alternate Email Address:	<input type="text"/>

## ADDITIONAL FUNDING OBTAINED AS A RESULT OF THIS RESEARCH

Other grant(s) obtained within 1 year of the MMSF Award as a result of the support of this project (if applicable).

List funding amount and sources and project titles for which the funding was awarded.

Organization providing funding	Title of Project	Name of researcher and co-applicants	Annual amount	Funding Period (yyyy-yyyy)

## TRAINING OF STUDENTS AND POST-DOCTORAL FELLOWS ASSOCIATED WITH THE FUNDED AWARD:

Last name and first name of the student	Diploma	Supervisor

P.O. Box 1046, Stn. Main, Winnipeg, MB R3C 2X7 (599 Empress Street) (204) 788-6801 Web site: [www.mmsf.ca](http://www.mmsf.ca)

NOTE: The following text areas do not utilize subscript, superscript, etc. or spell check. It is recommended that if these characteristics are essential to content, that you copy content from an original word document into the space provided. By pasting the content from an original word document.

## RESEARCH PROGRESS TIMELINE OUTCOME

What were the top 3 greatest obstacles to the performance of the research, in priority order? (Maximum ½ page)

Click here to enter text.

- A. Please list the organizations requiring approvals for your research, what types of approvals were required and the approximate time required for each (weeks).
- B. Please summarize your experience with the organizations requiring approvals (institutional, ethics, animal care, biosafety or other approvals) as required and how any can be improved.
- C. Please summarize your experience with MMSF processes and how any can be improved.

A. Click here to enter text.

B. Click here to enter text.

C. Click here to enter text.

## RESEARCH RESULTS OBTAINED

Summarize your research project outcomes and results obtained in layman's terms that could be understood by the general public: (Maximum ½ page)

Click here to enter text.

## SCIENTIFIC IMPACT OF THIS RESEARCH

Provide the completed list of references (authors, titles, etc.):

Type a listing of all publications and presentations related to the MMSF grant. Include copies of publications and presentations if available and attach as an appendix to this report.

a) Poster Presentations:

Click here to enter text.

b) Meetings:

Click here to enter text.

c) Abstracts:

Click here to enter text.

d) Scientific Publications:

Click here to enter text.

e) Books and Chapters of books:



**Manitoba Medical Service  
FOUNDATION**

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Click here to enter text.

f) Patents:

Click here to enter text.

**DISSEMINATION**

What are your plans for dissemination of your research results? What do you intend to do with the results generated by the MMSF Award?

Click here to enter text.

**SIGNIFICANT ACCOMPLISHMENTS**

Please describe your most significant accomplishments with regards to the progress, outcomes and results of your MMSF Award and describe their scientific impact: (maximum of three, in point form, no publications):

1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

**ADDITIONAL COMMENTS**

We are always looking to improve our processes. Please enter any additional comments or feedback you have for the MMSF.

Click here to enter text.

Submit completed Final Report Form by email to [sandy.pereira@mb.bluecross.ca](mailto:sandy.pereira@mb.bluecross.ca).

If you have any questions regarding the MMSF Final Report Form please contact Sandy Pereira either by phone at 204-788-6801 or by email [sandy.pereira@mb.bluecross.ca](mailto:sandy.pereira@mb.bluecross.ca). Thank you for your feedback.