## Progress Report: Research Equipment Grant (REG)

Due: **31 July annually**

### Section A – Project Identification

#### A.1 Project Information

|  |  |
| --- | --- |
| Grant ID No. |  |
| Project Title |  |
| Chief Investigator Full Name |  |
| Email Address |  |
| ORCID (required) |  |
| Administering Institution |  |
| Facilitating Institution/Employing Institute |  |
| Funding Commencement Date |  |
| Reporting End Date |  |
| Reporting Period |  |

### Research Institutions Involved in this Grant

Insert rows as necessary

|  |
| --- |
|  |
|  |
|  |

### Section B – Objectives & Progress

#### B.1 Equipment Purchased

Please provide a brief description of the equipment that was funded, including a general description of what it is used for and its significance and potential benefits to cancer research. Please also mark with an X, the infrastructure category that best describes the equipment.

|  |  |
| --- | --- |
|  | |
| Microscopy |  |
| Mass Spectrometry & NMR |  |
| Biobanking |  |
| High Throughput Sequencing |  |
| Animal facilities/ animal imaging |  |
| Bioinformatics |  |
| Other |  |

B.2 Has the equipment been purchased? Yes No

B.3 Did you purchase exactly what you requested? Yes No

B.4 What was the date of delivery/installation? Click or tap to enter a date.

|  |
| --- |
|  |

B.5 Where is the equipment located?

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| --- |
|  |

B.6 What strategies are in place to encourage ongoing collaboration and efficient utilisation of the equipment?

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#### B.7 Governance, Access & Maintenance

Please describe the formal documentation/policies to support governance, access and maintenance relating to the equipment.

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### Section C – Research Achievements

C.1 Please describe in plain English, up to three significant research achievements that have occurred as a result of this grant. These achievements should be written in language suitable for the general public and should outline what the problem was, what the research/grant achieved and why this is important.

Please note that this information may be made available to the general public on the Cancer Institute NSW website or any other materials for promotional purposes.

|  |  |
| --- | --- |
| **Description of Achievement (approx. 300)** | |
|  | |
| **Please choose one category that best describes this achievement:** | |
| Increased the capacity to do further research |  |
| Produced new knowledge |  |
| Developed new diagnostic tools or new therapies |  |
| Informed policy or practice |  |
| Improved health outcomes |  |
| Other - please describe: |  |
| **Who will this achievement most directly impact?** | |
| Patients/Families |  |
| Clinicians |  |
| Public/Communities |  |
| Other Researchers |  |
| Other - please describe: |  |

#### C.2 Utilisation of Infrastructure

Please provide details of all research groups that have used this infrastructure over the reporting period.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Research Group Name | Group Leader Name | Name of Research study/ Project | Use of Infrastructure (approx. # of days per month) | Are the group external to facility/institution in which Infrastructure is located\*? (yes/no) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*If the infrastructure comprises systems or software where a physical location is not applicable, please indicate whether the group is external to the Administering institution.*

### Section D – Risk Management

Describe any major challenges or delays to planned activities over the past 12 months and how you managed them or plan to manage them (500 words maximum).

|  |
| --- |
|  |

### Section E – Other Funding Awarded

List any funding awarded over the last 12 months that is related to this grant.

*Insert additional tables as needed*

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Type |  | | |
| Grant Title |  | | |
| Chief Investigators |  | | |
| Start Date |  | End Date |  |
| Grant ID/Reference |  | Grant Amount |  |
| Funding Source |  | | |
| % of funds allocated to you |  | Extent to which CINSW grant assisted in obtaining this funding\*  Rating: 1-10 |  |

**\*Rating Scale:** 1=would have occurred without the CINSW grant, 10=CINSW grant essential.

### Section F – Certification

#### F.1 Certification by Chief Investigator

I certify that this is an accurate report for the period covered.

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

#### F.2 Certification by Administering Institution Delegate

I certify that this is an accurate report for the period covered.

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

### Submission

* The Chief Investigator must complete this report and send to the Administering Institution for certification.
* The Administering Institution is responsible for the accurate submission of completed and certified report form.
* Section F must be signed by the Chief Investigator and Administering Institution Delegate. Electronic signatures are acceptable.
* Note: *Late submissions of progress reports may affect scheduled project payments and eligibility for future funding.*