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| |  |  |  | | --- | --- | --- | |  |  |  |   *C:\Users\User\Documents\talks_slides\Stanford Child Health-LPCH logos\High resolution\DUAL_EnterpriseHospital_Print_300.jpgC:\Users\User\Documents\talks_slides\Stanford Medicine Logos\SM-logo-H-web-600.pngPlease submit your completed 6-month progress report to Clea Sarnquist,* [*cleas@stanford.edu*](mailto:cleas@stanford.edu) *and Rasika Behl* [*rasikab@stanford.edu*](mailto:rasikab@stanford.edu) | |
| **Stanford Pediatrics Resident Research Grant**  ***Progress Report*** | |
| **1. TITLE OF PROJECT** | |
| **2. SCHOLARLY CONCENTRATION**  Basic Science  Clinical Research  Advocacy  Medical Education  QI/PI  Global Health | |
| **3. RESIDENT NAME**: *(Last, first)*       Email: | |
| **4**. **PRIMARY RESEARCH MENTOR:**  Primary Mentor Name:       Department/Division: | |
| **5.** **SCHOLARLY CONCENTRATION LEADER *(Primary, if applicable*):**  Name: | |
| **6. IS YOUR STUDY HUMAN SUBJECTS RESEARCH**?  No  Yes  **6a. IS YOUR STUDY IRB APPROVED?**  No  Yes  Exempt from IRB | **CO-INVESTIGATORS/AUTHORS**  Name:  Name:  Name: |
| **7. SUMMARY OF PROGRESS TO DATE** *(Please describe your research progress to date including sampling and recruitment efforts, data collection activities, data analysis, and dissemination, if applicable. Do not exceed 1 page.)* | |
| **8. UPDATED TIMELINE AND DISSEMINATION PLAN** | |

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| **9. LIST OF ALL PURCHASES TO DATE** (Please include date of purchase, type of purchase, cost, and how purchase was made) | | | |
| **Date of Purchase** | **Item (and item quantity)** | **Total Cost** | **How Purchase Was Made (e.g., residency office, personal credit card)** |
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