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

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

*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* *and Rasika Behl* *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** |

|  |
| --- |
| **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)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |