



**The Legacy Heritage Clinical Research Initiative (LHCRI)
Interim Scientific Reports**

Grant No. _____/____,

Researcher: _____

Hospital: _____

The amount granted: _____

Employment Status: _____

A. Summary of the research objectives, achievements & methodology (please include a comparison to the original proposal)

B. Publications resulting from the research

1. Number of papers:

Published or accepted for publication: _____

Submitted: _____

In preparation: _____

2. List of published/accepted papers (Please attach a CD with any publication(s) which have resulted from this research)

3. Meeting abstracts (Please do not attach copies)

4. MSc. & Ph.D. theses (Please do not attach copies)



D. Description of the acknowledgement (Please attach to this report confirmation that the acknowledgement requirements have been satisfied)

Submission Date: _____

Institute Authorization (Signature & Stamp): _____

ISF's confirmation (Signature & Stamp): _____