

## TRANSATLANTIC NETWORKS OF EXCELLENCE Final Report

*Due within ninety days of the conclusion of the term. The complete report should be submitted in PDF format.*

### I. Program Identification

Program Title and Grant number:

Start Date:

Principal Coordinator and institution:

Contract Administrator:

Second Coordinator and Institution:

### II. Work to date

1. **Narrative summary.** Please provide a 2 page narrative summary of the overall accomplishments of the network. What are the scientific highlights of work supported by the foundation? Where do you believe this network might have the biggest clinical impact?
2. **Major accomplishments to date.** In this section, please provide a more detailed summary of the work performed with respect to the network's revised general research objectives. This section should be organized as appropriate by aim, topic or laboratory under the heading of the stated objectives. *Please cite relevant publications in the text.*
3. **Glossary of abbreviations used, if applicable**

### III. Network organization and function

1. **Collaborations.** Discuss the added value of the collaborative effort to the overall program: what collaborative work was generated that would not have been done by the individual members working independently? In addition, please include a tabulation of network collaborations as per previous reports, using the format below:

Before Leducq						Initial Progress Report						Mid-Term Progress Report					
	CM1	CM2	CM3	CM4	AM1		CM1	CM2	CM3	CM4	AM1		CM1	CM2	CM3	CM4	AM1
CM1						CM1						CM1					
CM2						CM2						CM2					
CM3						CM3						CM3					
CM4						CM4						CM4					
AM1						AM1						AM1					

2. What was the **communication plan**, and how effective was it in supporting network activities the network?
3. **Young investigators.** Please describe the role of young investigators (undergraduate, graduate and medical students; post-doctoral fellows) in network projects, citing any relevant accomplishments such as publications, programs in place to promote their career development, and plans for their involvement in ongoing or future network research.
4. **Final Personnel Report** (see page 3). Include all people supported by the foundation grant.

#### IV. Budget

1. **Current year.** Please provide a final budget showing the allocation of resources among the different line items provided in the budget template on page 4.

#### V. Network productivity and recognition *(to be submitted also in Word format)*

##### 1. Publications.

a. **Publications based on work funded by Fondation Leducq, which acknowledge the foundation's support.** List here, *by year and then alphabetically by first author*, any publications related to work supported by and acknowledging the Fondation Leducq. Please indicate with an asterisk (\*) those publications that represent a collaboration of network members. In future reports, new publications will be appended to this list, with appropriate changes if necessary, e.g. full journal citation instead of "submitted" or "in press." *Please ensure that citations include all authors.*

b. **Other publications by network members related to the network program** should be included in a separate list, organized by year and then alphabetically by first author. *Please ensure that citations include all authors.*

2. **Inventions, patents, licenses.** Please list by year any inventions, patent applications, copyrights, licenses, sales or revenue-generating agreements concerning inventions, discovered or arising out of research supported by Fondation Leducq, as indicated in the Research Agreement.
3. **Awards or Honors.** Please list by year any award or honor granted to a network member or to any person involved in the work performed.
4. **Extramural funding.** Please provide the **sources** and **amounts** of any extramural funding obtained by network members, and indicate whether this funding will apply to projects related to the Fondation Leducq-supported research.

Signature and date Principal Coordinator

Signature and date Second Coordinator

Signature and date Contract Administrator

## PERSONNEL REPORT

Please provide information below on personnel supported, wholly or in part, by Fondation Leducq funding. For each person note whether he or she has spent time at another network institution (network exchange), or is planning to do so, and if so, provide dates. For any core members or associate members new to the network, please provide a biosketch. For young investigators, include the name of the senior person with whom they are working. Young investigators, for purposes of this report, will include post-docs, fellows, and those researchers who have completed subspecialty training or been awarded a Ph.D. not more than 5 years ago.

	Name & Degree	Current Institutional Affiliation	% Total Annual Effort Dedicated to Network	Involved in Network Exchange? (Dates)
Coordinators				
Core Members				
Associate Members				
Senior Investigators				
Young Investigators <i>Post-Docs</i> <i>PhD students</i> <i>Medical fellows/residents</i> <i>Medical or undergraduate students</i>				
Technicians				
Clinical research nurses				
Administrative Staff				

## Exhibit 12: Billing Chart Template

Grant number :

Institution :

Investigator :

Leducq Network Name :

Year and Quarter :

Category	Yearly budget	Carryover	Total available	Billing Q1	Billing Q2	Billing Q3	Billing Q4	TOTAL Year-to-date
Senior investigators salaries & fringes (list by name)								0.00
Junior investigators salaries & fringes (list by name)								
Other salaries (technician, nursesō ) (list by name and position)								
Equipment > \$ 10 000 (1)								0.00
Computer equipment								0.00
Other equipment								
Supplies								0.00
Travel, accommodation, meeting expenses								0.00
Network implementation and communication (include Network Administrative Officer salary)								0.00
Subcontracted services (genotypingō ) (2)								
Other Expenses								0.00
Sub-total	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Indirect Cost (limited to 10%)								0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Verified by :

\_\_\_\_\_

(name and title)

Grantee Coordinator's approval :

Signature :

\_\_\_\_\_

\_\_\_\_\_

Comments :

- (1) to be itemized in the quarterly invoice + copy of the equipment's invoice  
 (2) to be itemized in the quarterly invoice + copy of the subcontract's invoice