

## HEART AND STROKE FOUNDATION OF CANADA NEW INVESTIGATOR AWARDS PROGRESS REPORT

The following is a progress report template for the Heart and Stroke Foundation of Canada New Investigator Awards. Its purpose is threefold: 1) to gather information pertaining to the results of research projects supported by the New Investigator Awards program, 2) to update any changes in awardees' contact information, and 3) to aid in the evaluation of the Heart and Stroke Foundation of Canada New Investigator Awards program.

**Instructions:**

1. Unless otherwise stated, please limit your report to research activities to cover the first two years of the award.
2. Please complete and forward this progress report via email no later **August 1** of the third year of the award.to:

Research Department  
Heart and Stroke Foundation of Canada  
Email: [research@hsf.ca](mailto:research@hsf.ca).

*Please note: All responses will be kept in the strictest confidentiality, according to the requirements of the Heart and Stroke Foundation of Canada and the Personal Information Protection and Electronics Document Act (PIPEDA).*

Award Period		
<b>Duration of Award:</b>	Start Date: _____ (mm/dd/year)	End Date: _____ (mm/dd/year)
<b>Reporting Period:</b>	From: _____ (mm/dd/year)	To: _____ (mm/dd/year)

**SECTION A: CONTACT INFORMATION**

Family Name	Given Name	Middle Initial
Address		
City	Province/State <i>(Canada/US only)</i>	
Country	Postal/Zip Code <i>(Canada/US only)</i>	
Telephone <i>(xxx-xxx-xxxx)</i>	Extension <i>(if applicable)</i>	Fax <i>(xxx-xxx-xxxx)</i>
Alternate Telephone <i>(if applicable)</i> <i>(xxx-xxx-xxxx)</i>	Extension <i>(if applicable)</i>	Alternate Fax <i>(if applicable)</i> <i>(xxx-xxx-xxxx)</i>
Primary Email Address	Alternate Email Address <i>(if applicable)</i>	

**SECTION B: CURRENT POSITION**

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Position Title (e.g. Adjunct Professor)

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Department

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Institution

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Position Start Date (yyyy-mm-dd)

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**SECTION C: PROJECT PROGRESS AND RESULTS**

1. Please tell us the title of your research project.

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2. Please estimate what proportion of your research falls under the following **four pillars of health research**, as defined by the Michael Smith Foundation for Health Research.

%

- Basic Biomedical  
*(Research with the goal of understanding normal and abnormal functioning, at the molecular, cellular, organ system, and whole body levels, including the development of tools and techniques to be applied for this purpose; developing new therapies or devices which improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Studies on human subjects that do not have a diagnostic or therapeutic orientation.)*
- Clinical  
*(Research with the goal of improving the diagnostic and treatment (including rehabilitation and palliation) or disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Research on or for the treatment of patients.)*
- Health Services/Systems  
*(Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately our health and well-being.)*
- Population Health  
*(Research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine status.)*

100%

3. a) Please list the research objectives from your **original** HSFC application.

b) **For the period covered by this progress report:** Please describe i) any changes to these original objectives, ii) why these changes occurred, and iii) any impacts these changes may have had on your research project. (250 words or less)

- 4. Please describe any **personal** or **project-related** factors that may have hindered your progress during the period covered by this progress report. *(150 words or less)*
  
- 5. Please describe your **three greatest project-related achievements** for the period covered by this progress report. *(150 words or less)*
  
- 6. Please describe the results of your research project during the period covered by this progress report. *(150 words or less)*
  
- 7. a) During the period covered by this progress report did you apply for additional funding?  
  

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

  

b) If yes, please complete the attached **Additional Funding Spreadsheet** *(Additional Funding Spreadsheet.xls)*.
  
- 8. Please provide any additional comments you may have regarding your research project.

**SECTION D: LIST OF PUBLICATIONS**

Please list your publications and other research contributions for the period covered by this progress report, according to the categories listed below. Where applicable, use the reference format of the bibliographic notes from the original publication.

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- 1. Refereed Papers  
*Please include original articles published in journals.*
    - a) Published
    - b) Accepted or In-Press
    - c) Submitted
- 

- 2. Books and Monographs
    - a) Published
    - b) Accepted or In-Press
    - c) Submitted
-

3. Contributions to a Collective Work/Book Chapters  
*Please include chapters written on invitation or collective works derived from conferences or symposiums.*
- a) Published
  - b) Accepted or In-Press

4. Abstracts  
*Please include the name of the journal and title, or the article and date submitted.*
- a) Published
  - b) Accepted or In-Press
  - c) Submitted

5. Other Publications and Works
- a) Published
  - b) Accepted or In-Press
  - c) Submitted

6. Invited Presentations  
*Please include conferences, presentations, demonstrations, workshops intended for a non-academic audience, according to the type of audience to which you have been invited to present.*

**SECTION E: NUMBER OF PUBLICATIONS**

1. Please indicate the number of **published, accepted or in-press,** and **submitted** publications for the period covered by this progress report, according to the categories listed below.

*The number of publications a) published, b) accepted or in-press, and c) submitted under each category should correspond to the number of publications a) published, b) accepted or in-press, and c) submitted under Section D: Listing of Publications, #1-5.*

	Column A	Column B	Column C
Publications	# Published	# Accepted or In-Press	# Submitted
1. Refereed Papers			
2. Books and Monographs			
3. Contributions to a Collective Work/Book Chapters			N/A
4. Abstracts			
5. Other Publications and Works			
Total Number of Publications <i>(please add the totals for each of Columns A, B, and C)</i>			

2. Please indicate the number of **invited presentations** for the period covered by this progress report.

*The number of invited presentations should correspond to the number of invited presentations listed in Section D: Listing of Publications, #6.*

Number of Invited Presentations

**SECTION F: HEART AND STROKE FOUNDATION OF CANADA'S NEW INVESTIGATOR AWARDS PROCESS**

1. On a scale of 1-5, **with 5 being the very satisfied**, please indicate (x) your level of satisfaction with the Heart and Stroke Foundation of Canada's New Investigator Awards Program.

Very unsatisfied  1       2       3       4      Very satisfied  5

2. Please provide any additional comments you may have regarding the Heart and Stroke Foundation of Canada's New Investigator Awards program.

Thank you!

**Heart and Stroke Foundation of Canada New Investigator Awards Additional Funding Spreadsheet**

TYPE OF REPORT: (Progress/Final) \_\_\_\_\_

DURATION OF AWARD: Start Date (mm/dd/year) \_\_\_\_\_ End Date (mm/dd/year) \_\_\_\_\_

\*REPORTING PERIOD: (Please indicate the period covered by your New Investigator Award)  
 Start Date (mm/dd/year) \_\_\_\_\_ End Date (mm/dd/year) \_\_\_\_\_

\*Note: Progress Report - please report on the first two years of the award; Final Report - please report on the whole duration of the award (i.e. 5 years)

NAME:

**A. Research Grants**

	Grant Status (Please indicate with an X)			Title of Proposal (if applicable)	Funding Source	Peer Review Process For Grant? (Please indicate Yes or No)	Total Amount Applied for / Awarded (\$CDN)	Duration of Grant (mm/yyyy - mm/yyyy)
	Applied	Pending	Received					
1								
2								
3								
4								
5								
	(add more rows above if necessary)							

**B. Training Program Grants**

	Grant Status (Please indicate with an X)			Title of Proposal (if applicable)	Funding Source	Peer Review Process For Grant? (Please indicate Yes or No)	Total Amount Applied for / Awarded (\$CDN)	Duration of Grant (mm/yyyy - mm/yyyy)
	Applied	Pending	Received					
1								
2								
3								
4								
5								
	(add more rows above if necessary)							

**Heart and Stroke Foundation of Canada New Investigator Awards Additional Funding Spreadsheet**

TYPE OF REPORT: (Progress/Final) \_\_\_\_\_

DURATION OF AWARD: Start Date (mm/dd/year) \_\_\_\_\_ End Date (mm/dd/year) \_\_\_\_\_

\*REPORTING PERIOD: (Please indicate the period covered by your New Investigator Award)  
 Start Date (mm/dd/year) \_\_\_\_\_ End Date (mm/dd/year) \_\_\_\_\_

\*Note: Progress Report - please report on the first two years of the award; Final Report - please report on the whole duration of the award (i.e. 5 years)

NAME:

**C. Personnel / Career Awards**

	Award Status (Please indicate with an X)			Title of Proposal (if applicable)	Funding Source	Peer Review Process For Award? (Please indicate Yes or No)	Total Amount Applied for / Awarded (\$CDN)	Duration of Award (mm/yyyy - mm/yyyy)
	Applied	Pending	Received					
1								
2								
3								
4								
5								
	(add more rows above if necessary)							

**D. Infrastructure Grants**

	Grant Status (Please indicate with an X)			Title of Proposal (if applicable)	Funding Source	Peer Review Process For Grant? (Please indicate Yes or No)	Total Amount Applied for / Awarded (\$CDN)	Duration of Grant (mm/yyyy - mm/yyyy)
	Applied	Pending	Received					
1								
2								
3								
4								
5								
	(add more rows above if necessary)							

**Heart and Stroke Foundation of Canada New Investigator Awards Additional Funding Spreadsheet**

TYPE OF REPORT: (Progress/Final)\_\_\_\_\_

DURATION OF AWARD: Start Date (mm/dd/year) \_\_\_\_\_ End Date (mm/dd/year)\_\_\_\_\_

\*REPORTING PERIOD: (Please indicate the period covered by your New Investigator Award)  
 Start Date (mm/dd/year)\_\_\_\_\_ End Date (mm/dd/year)\_\_\_\_\_

\*Note: Progress Report - please report on the first two years of the award; Final Report - please report on the whole duration of the award (i.e. 5 years)

NAME:

**E. Other Grants and Awards**

	Grant/Award Status (Please indicate with an X)			Title of Proposal (if applicable)	Funding Source	Peer Review Process For Grant/Award? (Please indicate Yes or No)	Total Amount Applied for / Awarded (\$CDN)	Duration of Grant/Award (mm/yyyy - mm/yyyy)
	Applied	Pending	Received					
1								
2								
3								
4								
5								
	(add more rows above if necessary)							