

# American Society for Gastrointestinal Endoscopy

## *Research Award Progress Report*

### I. General Information:

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Name (Last, First, MI)

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Name of Award

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Dates of award period

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Project Title

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Sponsoring Institution where award was held

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Office Address (or best address to reach you)

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Phone Number

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Fax Number

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E-mail

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Dates covered by this report (if different from award term)

**Responses to the following items should be appended on separate sheets. Please observe the space limitations and type your name and the award type on the top right-hand corner of all supplemental materials.**

### II. Scientific progress report:

#### Year 1/Year 2

1. Project is complete
  - a. Data Analysis completed YES/NO
  - b. Abstract(s) written YES/NO include title, meeting, year, oral/poster if yes
  - c. Published manuscript(s) YES/NO include title, Journal, Year if yes
2. Project not complete
  - a. % of proposed patients recruited or % of project completed by Specific aims.
  - b. Anticipated completion date:
  - c. No cost extension needed YES/NO
3. Describe modifications to original protocol and rationale if applicable
4. Describe any unanticipated events, their effect on study progress and any proposed solutions

### III. Current statement of financial activity:

Please include the most recent statement of financial activity for this project from your institution's grants administrator

### IV. Current or pending funding, including any funding obtained or applied for as a result of this award

**Failure to submit Progress Reports by the stated deadline will affect chances for future funding.**