

**ONCOLOGY NURSING FOUNDATION  
RESEARCH or DISSERTATION GRANT FUNDING  
ANNUAL SCIENTIFIC REPORT**

NOTE: Completed Reports should be emailed to [grants@onfgivesback.org](mailto:grants@onfgivesback.org)

Due Date: Due on the first anniversary of the original funding start date

**Name of Investigator:** \_\_\_\_\_

**Name of Grant Award:** \_\_\_\_\_

**Sponsored by:** Oncology Nursing Foundation through an unrestricted grant from \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Date of Grant Award:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_

**Principal Investigator** (Name, Credentials, Title, Institution)

**Preferred mailing address:** \_\_\_\_\_

**Phone number(s):**

**E-Mail Address:** \_\_\_\_\_

\_\_\_\_\_  
**Co-Investigator(s)** (Name, Credentials, Title, Institution)

\_\_\_\_\_  
**Specific Aims** (from proposal)

\_\_\_\_\_  
**Accomplishments to Date**

\_\_\_\_\_  
**Goals/Timeline for Next Twelve Months**

\_\_\_\_\_  
**Expected Completion Date of Project** \_\_\_\_\_

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**Subject Accrual To Date** (by Site if Multisite)

<u>Site</u>	<u>Coordinator</u>	<u>Target Number of Subjects</u>	<u>Total Accrual for Site</u>	<u>IRB Approval/ Re-approval Date*</u>
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**TOTAL ACCRUAL FOR STUDY** \_\_\_\_\_

**Subjects with Completed Data Collection**

**TOTAL** \_\_\_\_\_

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**Subject Withdrawal**

\_\_\_\_\_ subjects withdrew from the study for an attrition rate of \_\_\_\_\_ %.  
(Please give reasons for withdrawals).

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**\*The Oncology Nursing Foundation must have on-file current IRB Approval for all sites.  
Please attach any new IRB approval/re-approval letters as Appendix B.**

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**Issues or Barriers Encountered**

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**Study Modifications** Describe all modifications with rationale (*Reminder: Significant changes from the aims, objectives, or purposes of the approved project must be submitted for approval per policy*)

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**Budget**

Total projected expenses to date: \_\_\_\_\_

Actual expenses to date: \_\_\_\_\_

**Budget Modifications** (*Reminder re-budgeting or the shifting of funds between budget categories must be submitted for approval per policy*)

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**Scientific Integrity:**

*Were there any allegations, inquiries, or confirmed incidents of scientific misconduct associated with this study?*

**Yes**

**No**

*Were there any adverse effects or grievance reports filed with your IRB office?*

*If yes explain:*

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**I certify that there are no known deviations from ethical standards associated with this study.**

**Signature/Name\*:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Institution:** \_\_\_\_\_  
\_\_\_\_\_

**\*If submitting online, your completion of this form indicates that you are certifying that there are no known deviations from ethical standards associated with this study.**

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**Other information that you would like to share with the Oncology Nursing Foundation**

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**PRESENTATIONS** *Resulting from this research (Please indicate if poster or podium presentation)*

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**PUBLICATIONS** *Citations of all peer reviewed publications published or submitted, resulting from this research (Please attach copies of published papers in Appendix C)*

**OTHER PUBLICATIONS** – *Non-peer reviewed i.e., Audio-Visuals/Computer Programs/Patient Care Materials/Newsletters*

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**RESEARCH** - *Grants submitted, pending, or funded as a result of this research. Please include name of funding source, dollar amount, date submitted, and status of application.*

**RESEARCH- FUNDED**

**RESEARCH- FUNDING PENDING**

**RESEARCH (PROPOSAL UNDER PREPARATION)**

## **APPENDIX A**

# **FINANCIAL REPORTS**

*(Please use the Oncology Nursing Foundation Financial Report Form  
in reporting your year-1 expenses)*



# **APPENDIX B**

## **IRB**

### **RENEWALS / APPROVALS**