### GUIDELINES FOR PREPARING THE FINAL REPORTS FOR FUNDED RESEARCH or DISSERTATION GRANTS

Congratulations on the successful completion of your funded project. Oncology Nursing Foundation is committed to the dissemination of the findings of funded projects. If there is anyway that we can assist you in disseminating the results, either through publication in journals or media press releases, please contact us at <u>grants@onfgivesback.org</u>

#### PURPOSE:

The final report is designed to give the Oncology Nursing Foundation a brief accounting of the scientific findings of the study. A compilation of the final reports is used by the Oncology Nursing Foundation to solicit additional research funding and for public relations and grant promotion activities.

#### SUBMISSION DEADLINES:

The grant recipient will receive a reminder prior to the due date for the final reports. <u>The final report</u> should be submitted within **60 days** of completion of the project or within 60 days of the end of the <u>funding period</u>, whichever comes first. Grant recipients who do not submit the required scientific and financial final reports will be ineligible for future Oncology Nursing Foundation grant funding until delinquent reports are received and approved.

Email copies (fillable Word versions) of the report forms can be requested at grants@onfgivesback.org

#### UNEXPENDED FUNDS:

Unexpended funds must be returned to the Oncology Nursing Foundation.

#### EQUIPMENT:

If equipment was purchased, ownership of the item will be individually assessed. Please provide the following information on the budget section of the report form (p. 5): 1) initial cost of the equipment, 2) today's value of the equipment due to depreciation, and 3) if you would like to own the item or return to the Oncology Nursing Foundation.

#### KEY POINTS:

The final report needs to reflect the key findings of the study. The findings are needed in 2 formats: a) a research abstract to be filed with the final report and b) a short paragraph relating the findings that would be appropriate for posting on online and for sharing with the media. Oncology Nursing Foundation recognizes your right to first disclosure of findings in publications. Therefore, we are requesting that <u>you</u> provide the information about the results of your study that we can share with others (post at the ONS website and share with the media).

#### **APPENDICES:**

Note the appendices to be included:

- A. Financial Report (Use Oncology Nursing Foundation Financial Report Form only)
- B. IRB Approval since Last Update
- C. Abstract
- D. Copies of Publications (published and/or submitted)

Name of Investigator
Name of Grant Award:
Sponsored by: Oncology Nursing Foundation through an unrestricted grant from
Project Title:
Year of Grant Award: Report Date: Actual Completion Date:
Principal Investigator (Name, Credentials, Title, Institution)
Preferred mailing address:
Phone number(s):
Email Address:
Co-Investigator(s) (Name, Credentials, Title, Institution)
<b>Summary of Results</b> : Write this in a manner that you agree to have posted on the ONS website or addressed in a press release to the lay media by ONS. The <b>brief summary</b> should include the <b>purpose, sample, setting,</b> <i>intervention/methodology, results, and implications for practice.</i> Also attach a final research abstract as Appendix C.

I agree to the above Summary of Results and attached abstract being posted online with identifying and contact

information.

Signature

Name of Investigator	·					
Subject Accrual (b)		<u>Target</u>	Total Accrual	IRB Approval/		
<u>Date*</u>		Number of Subjects	for Site	<u>Re-approval</u>		
TOTAL ACCRUAL	FOR STUDY					
Subjects with Com	nlated Data Collection		TOTAL			
	pleted Data Collection					
Subject Withdrawal:						
subjects withdrew from the study for an attrition rate of%. (Please give reasons for						
withdrawals).						
*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						

Name of Investigator \_

Issues or Barriers Encountered

#### Study Modifications Describe all modifications with rationale

**Budget** 

Total projected expenses: \_\_\_\_\_

Actual expenses:

**Budget Modifications During the Project:** 

Name of Investigator				
Scientific Integrity:	Yes	No		
Were there any allegations, inquiries, or confirmed incidents of scientific				
misconduct				
Associated with this study?				
Were there any adverse effects or grievance reports filed with your IRB office?				
If yes, explain	I			
I certify that there are no known deviations from ethical standards associat study.	ed with th	is		
Signature/Name*:				
Title:				
Institution:				
*If submitting online, your completion of this form indicates that you are certifying that there are no know deviations from ethical standards associated with this study.				
Include a statement regarding future research you anticipate based upon your	findings.			
	5			

Name of Investigator

**<u>Presentations</u>** (presented or accepted) Resulting from this research (Please indicate if poster or podium presentation)

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

**<u>OTHER PUBLICATIONS</u>** - Citations of all non-peer reviewed i.e., Lay Press articles, Audio-Visuals, Computer Programs, Patient Care Materials, Newsletters

**<u>RESEARCH</u>** - 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. **<u>RESEARCH – FUNDED</u>** 

**RESEARCH – FUNDING PENDING** 

**RESEARCH - PROPOSAL UNDER PREPARATION** 

### **APPENDIX A**

### **FINANCIAL REPORTS**

### **APPENDIX B**

### **IRB APPROVALS SINCE LAST UPDATE**

## **APPENDIX C**

### **RESEARCH ABSTRACT**

# APPENDIX D

### **COPY OF PUBLICATIONS**