



**DEPARTMENT OF SURGERY  
GRANT/CONTRACT RESEARCH REPORTING FORM  
APRIL 1, 2015 - MARCH 31, 2016**

**Click on the gray shaded (blue boxes) to make your selection. Tab to next selection.**

*PLEASE PRINT CLEARLY OR TYPE*

Name	
Division	
Hospital	
Research Proposal Title	
Sponsoring Agency	
Principal Investigator (Yes / No)	
Other Principal Investigator(s)	
Number of Co-Investigators	
Name(s) of Co-Investigator(s)	
Amount of Funding Received (per year)	
Fund Type	
Purpose of Funds	
New / Continuing / Renewal	
Grant Number	
Administered By	
Start Date (mm / yy)	/
End Date (mm / yy)	/
Grant Years (yyyy – yyyy)	/

**PLEASE ATTACH COPY OF AUTHORIZATION FOR FUNDING / OFFER OF AWARD FOR EACH SUBMISSION**

*17 cbfjbi jbf . ... Z bXjbf 'Vebfjbi YX'Zca 'dfYj jci g'mUffytL"  
HFYbYk U.' Z bXjbf \ Ug'VYYb fYbYk YX'Zf'UbcH Yf'nfpa 'cb'Ub'Yl jgfjbf [ fUbH#VebfUWf'*

Please email completed form and notices (Authorization for Funding) to Val Cabral (val.cabral@sickkids.ca), Research Program Manager, Department of Surgery Research Office, University of Toronto & The Hospital for Sick Children, PGCRL, 686 Bay Street, 16th Floor, Room 9-702 Toronto, ON Canada M5G 0A4

**PLEASE REPORT EACH GRANT/CONTRACT ON SEPARATE SHEET - PLEASE PRINT OR TYPE**