

## TRANSATLANTIC NETWORKS OF EXCELLENCE

### Final Report

### Instructions

*Due within ninety days of the conclusion of the term.  
The complete report should be submitted in PDF format.*

#### **I. Program Identification**

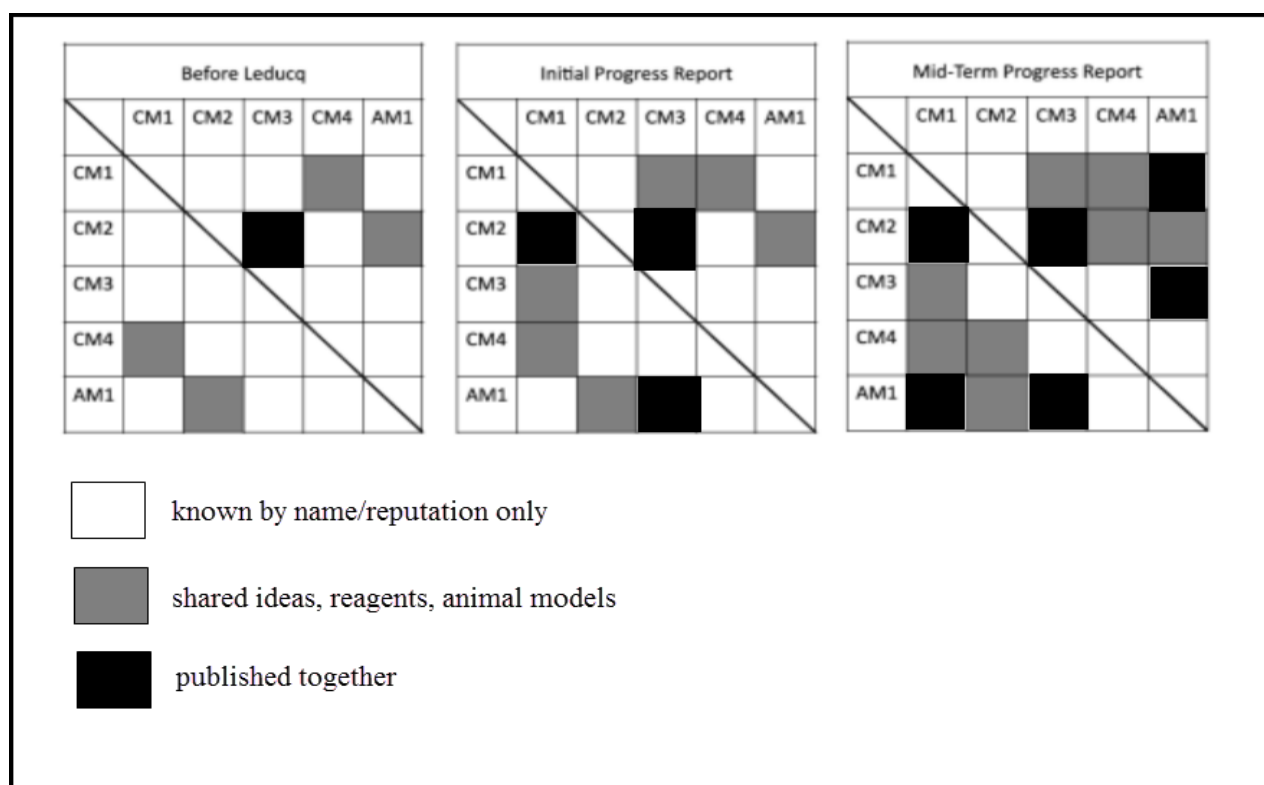
Program Title:  
Grant number:  
Start Date:  
Principal Coordinator and institution:  
Network Administrative Officer:  
Second Coordinator and Institution:  
Changes in Network members since last report:

#### **II. Work Completed or Still in Progress**

- 1. Narrative summary.** Please provide a **2-page** narrative summary of the overall accomplishments of the network. What are the scientific highlights of work supported by the foundation? Where do you believe this network might have the biggest clinical impact?
- 2. Major accomplishments.** In this section, please provide a more detailed summary of the work performed with respect to the network's specific revised research objectives. This section should be organized, as appropriate, by aim, topic or laboratory under the heading of the stated objectives. Where there are network projects still in progress, indicate plans for completion.  
***Please cite relevant publications in the text.***  
*This report should be brief, but written with enough detail that other scientists may evaluate the work of the network. However, the inclusion of complex methodologic summaries reproduced from published articles is not desirable, nor is it necessary to repeat aspects of the original application or first year report. Rather, this section should be a synthesis of the scientific work of each member, aim or topic. Each member, aim or topic should be no longer than 3 to 5 paragraphs.*
- 3. Open Access/data-sharing plans.** Briefly outline the network's plans for sharing data acquired during the grant.
- 4. Glossary of abbreviations used, if applicable**

### III. Network organization and function

1. **Collaborations.** Discuss the added value of the collaborative effort to the overall program: what collaborative work was generated that would not have been done by the individual members working independently? In addition, please include a metric or tabulation of network collaborations per term (*see one possible example below*):



2. Describe the **communication plan** for the network. How effective was it in supporting network activities within the network?
3. **Early Career Investigators.** Discuss the role of early career investigators (undergraduate, graduate and medical students; post-doctoral fellows) in network projects. For each such investigator, list any relevant accomplishments such as publications, programs in place to promote their career development, and plans for their involvement in ongoing or future network research.
4. **Final Personnel Report** (see page xx). Include all people supported by the foundation grant.

### IV. Budget

1. **Current year.** Please provide a final budget showing the allocation of resources among the different line items provided in the budget template. Follow the budget template previously provided.  
PLEASE NOTE: All budgets should be sent in **BOTH** PDF (of the Excel documents) and Excel format. (see Excel format attached.)  
Please find a Budget Template Excel spreadsheet [here](#) for your use.

### V. Network productivity and recognition

1. **Publications.**  
*Two Lists:*
  - a. **Publications based on work funded by Fondation Leducq, and which acknowledge the foundation's support.**

List **by year and then alphabetically by first author**, any publications related to work supported by and acknowledging the Fondation Leducq. Please indicate with an asterisk (\*) those publications that represent a collaboration of network members.

***Please ensure that citations include ALL authors.***

*If an article has more than 20 authors, please only list the first and last author and any Leducq Network authors. Please make a notation next to such articles to indicate this option was done.*

- b. Other publications by network members, published during the period of the grant**, should be included in a separate list, organized by year and then alphabetically by first author.

**2. Inventions, patents, licenses.**

Please list, by year, any inventions, patent applications, copyrights, licenses, sales or revenue-generating agreements concerning inventions, discovered or arising out of research supported by Fondation Leducq, as indicated in the Research Agreement.

- 3. Awards or Honors.** Please list, by year, any award or honor granted to a network member or to any person involved in the work performed.

- 4. Extramural funding.** Please provide the **sources** and **amounts** of any extramural funding obtained by network members, and indicate whether this funding will apply to projects related to the Fondation Leducq-supported research.

- VI.** Please comment on anything else about the network program that you think would be helpful to the Fondation Leducq for future networks.

---

Signature and date Principal Coordinator

---

Signature and date Second Coordinator

---

Signature and date Network Administrative Officer

## PERSONNEL REPORT

Please provide information below on personnel supported, wholly or in part, by Fondation Leducq funding.

For the purpose of this report, NETWORK EXCHANGE is defined as a person traveling to and visiting with another member of the Network for scientific interchange, apart from the Network meetings.

For any member, new to the network, please provide a biosketch.

For early career investigators, include the name of the senior person with whom they are working. Early career investigators, for purposes of this report, will include post-docs, fellows, and those researchers who have completed subspecialty training or been awarded a Ph.D. not more than 5 years ago.

	Name & Degree	Current Institutional Affiliation	% Total Annual Effort Dedicated to Network	Network Exchange? (Dates)
Coordinators				
Members/Senior Investigators				
Early Career Investigators <i>Post-Docs</i> <i>PhD students</i> <i>Medical fellows/residents</i> <i>Medical or undergraduate students</i>				
Technicians				
Clinical research nurses				
Administrative Staff				

**EXHIBIT 7  
BILLING CHART TEMPLATE**

<b>FLQ Grant Number:</b>		<b>FLQ Network Name:</b>							
<b>Institution Name:</b>									
<b>Investigator:</b>									
<b>CURRENCY:</b>									
<b>Category</b>		<b>Annual Budget</b>	<b>Carryover</b>	<b>Total Budget Available</b>	<b>Year XX, Quarter X</b>	<b>Year XX, Quarter X</b>	<b>Year XX, Quarter X</b>	<b>Year XX, Quarter X</b>	<b>Total Year XX</b>
<b>Salaries &amp; Fringe Benefits</b>	Senior Investigators (list by Name)								
	Senior Investigators Subtotal								
	Junior Investigators (list by Name)								
	Junior Investigators Subtotal								
	Other Salaries (list by Name & Position)								
	Other Salaries Subtotal								
<b>Salaries &amp; Fringe Benefits</b>	<b>Total</b>								
<b>Equipment</b>	Equipment > \$10,000 (1)								
	Computer Equipment								
	Other Equipment								
<b>Equipment</b>	<b>Total</b>								
<b>Research Expenses</b>	Supplies								
	Animal-related Costs								
	Subcontracted services (2)								
<b>Research Expenses</b>	<b>Total</b>								
<b>Travel &amp; Accommodation</b>	<b>Total</b>								
<b>Network Expenses</b>	Meeting Expenses								
	Network Communication Expenses								
	Network Administrative Officer Salary								
<b>Network Expenses</b>	<b>Total</b>								
<b>Other Expenses</b>	<b>Total</b>								
	<b>Subtotal</b>								
<b>Indirect Costs</b>	<b>Limited to 10% Subtotal</b>								
	<b>TOTAL</b>								
(1) to be itemized in the quarterly invoice and copy of the equipment's invoice									
(2) to be itemized in the quarterly invoice and copy of the subcontractor's invoice									
<b>Verified By:</b>									
	Name and Title				Signature				
<b>Network Administrative Officer:</b>									
	Approval								
<b>Wire Instructions:</b>	Bank Name								
	Account Holder								
	Account Number								
	As Applicable -								
	IBAN								
	SWIFT Code								
	Transit Code								
	ABA (Fed Fund Number only not ACH)								
	Other Specific Instructions								