Leducq Foundation

TRANSATLANTIC NETWORKS OF EXCELLENCE

Final Report

Due within the ninety days after the conclusion of the grant.

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 the last report (4th year report):

II.   Scientific Program

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 network?
- Where do you believe this network might have the biggest clinical impact?

2. Major accomplishments: Program Summary.

- In this section, please provide a more detailed summary of the work performed with respect to the network's specific research objectives. This section should be organized, as appropriate, by aim/objective, or laboratory.
- Where there are network projects in progress, indicate plans for completion.
- ***Please cite relevant publications in the text.***
  This section 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 previous reports. Rather, this section should be a synthesis of the scientific work of each member, or aim/objective. Each member/laboratory or aim/objective should be no longer than 2 to 3 paragraphs, maximum.
    - Feel free to use bullet points rather than long sentences.

3. Plans for open access/data sharing.

Outline the network's plan to provide transparency of the members' science, or data sharing, now that the TNE granting period is complete. If there are plans to

contribute to a data or genetic commons, please list specific data commons here.
   4. **Glossary of abbreviations used, if applicable**


III.   Network organization and function

   1. **Collaborations.**
   Please describe ongoing collaborations, exchange of personnel among network members, and joint work within the network.

   1a. Highlight the advantages of the collaborative effort to the overall program: what was accomplished through collaboration that would <u>not</u> have been done by the individual members working independently?

   1b. Specify resources that were shared among laboratories (reagents, techniques, animals, databases, etc.).

   1c. In addition, please include a metric or tabulation of network collaborations per term *(one possible example is below)*:
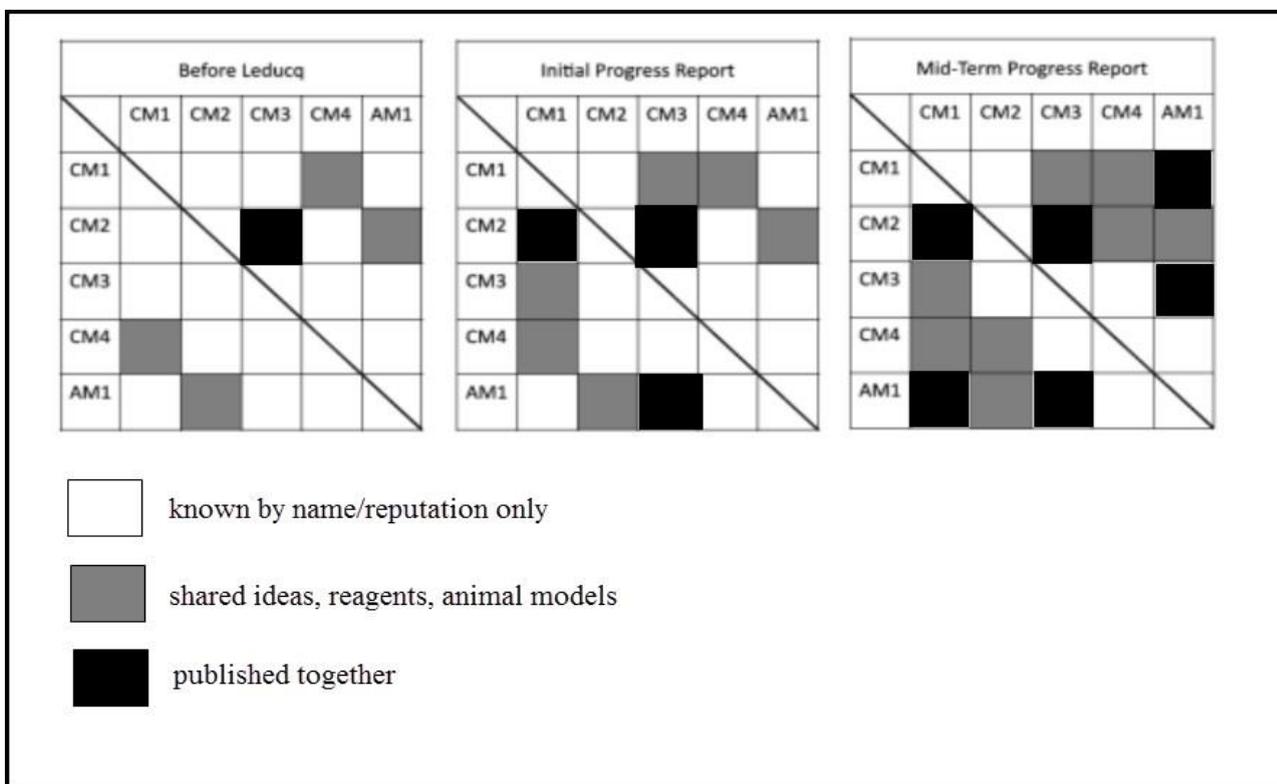
   2. **Describe the communication plan for the network.**
   Minutes or summaries of meetings, virtual or real, held by the network should be included as an appendix.

   3. **Early Career Investigators.**
   - Discuss the role of early career investigators (undergraduate, graduate and medical students; post-doctoral fellows) in network projects.
   - For each early career investigator, list their **full name** (first, middle initial, last), **ORCID number** and the **% of their effort** supported by the TNE grant. *(If an early career scientist is doing work within the network but is not being paid from the Leducq grant, please include their name as well, listing 0% as funding amount).*
   - List any relevant accomplishments such as publications, programs in

place to promote their career development, and plans for their involvement in future network research.

- *Feel free to use bullet points.*

4. **Personnel Report** (see page 5).

IV. Budget

1. **Current year and End of Network Summary.**
   - Please provide a summary, by year, of the actual (or projected) amount spent by each member in the network up through the end of the last quarter for which spending information is available.
   - Follow the budget template provided (page 5). An Excel Template can be found [here](#).
   - <u>PLEASE NOTE</u>: All budgets should be sent in **BOTH** PDF (of the Excel documents) and Excel format. (see Excel format attached.)
   - Please provide a justification for any significant discrepancies that have arisen since the last progress report.

2. **Revised future budget (NCE)**.
   Please provide a revised budget for the no-cost extension term, if applicable, with a breakdown per institution, using the same template categories.

V. Network productivity and recognition

1. **Publications.**
   Publications based on work funded by the Leducq Foundation, and which acknowledge the foundation's support.
   - List <u>*by year and then alphabetically by first author*</u>***,*** any publications related to work supported by and/or acknowledging the Leducq Foundation. Please indicate with an asterisk (*) those publications that represent a collaboration of two or more network members. PLEASE USE FULL NAMES
     - *This should be a continuation of the list that began with the initial term report. New publications should be appended to this list, with appropriate changes if necessary, e.g. full journal citation instead of "submitted" or "in press."* <u>*Thus, this list, which began with #1, should be amended and added to; continue numbering the Leducq cited/acknowledged papers throughout the 5 years.*</u>
       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.*

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 the Leducq Foundation, as indicated in the Research Agreement.
   <u>*Please note:*</u> *You may take the list you started with the first term report, and add to it, indicating the newer reporting period.*

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.

Please note: You may take the list you started with the first term report, and add to it, indicating the newer reporting period

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

VI. Please comment on anything else that you think the Leducq Foundation should know as it considers the progress of the network.

_____ _____

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 Leducq Foundation 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 (not early career), 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.
- *This table should reflect the time duration since the last report.*

	Full (first, middle initial and last) Name and Degree and ORCID number	Current Institutional Affiliation	% Total Annual Effort Dedicated to Network	Network Exchange? (Dates)
Coordinators				
Members/Senior Investigators				
Early Career Investigators *Post-Docs* *PhD students* *Medical fellows/residents* *Medical or undergraduate students*				
Technicians				
Clinical research nurses				
Administrative Staff				

BILLING CHART TEMPLATE

LFCR Grant Number									
Institution Name									
Investigator									
LFCR Network Name									
Currency									
Category		Annual Budget	Carryover	Total Budget Available	Year 20XX, Quarter 1	Year 20XX, Quarter 2	Year 20XX, Quarter 3	Year 20XX, Quarter 4	Total Year 20XX
Salaries & Fringe Benefits	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								
Salaries & Fringe Benefits	**Total**								
Equipment	Equipment > $10,000 (1)								
	Computer Equipment								
	Other Equipment								
Equipment	**Total**								
Research Expenses	Supplies								
	Animal-related Costs								
	Subcontracted services (2)								
Research Expenses	**Total**								
Network Expenses	Travel and accommodations								
	Meeting Expenses								
	Network Communication Expenses								
	Network Administrative Officer Salary								
Network Expenses	**Total**								
Other Expenses	**(Specify) Total**								
	Subtotal								
Indirect Costs	**Limited to 10% Subtotal**								
	TOTAL								

(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

Verified By:	
	Name and Title
	Signature
Approved by:	
	Network Lead Coordinator

Wire Instructions:

Bank Name	
Bank Address	
Account Holder	
Account Number	
As Applicable -	
IBAN	
SWIFT Code	
Transit Code	
ABA (Fed Fund Number Only not ACH)	
Other Specific Instructions	