# **MINISTRY OF HEALTH**

###### Traditional Chinese Medicine Clinical Research Grant (TCMCRG) – COVID-19

###### Progress Report

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*All information is treated with confidence. The information is furnished to the Ministry of Health with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes.*

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All sections must be completed. Indicate “NA” where a particular section is not applicable.

PI must submit both a soft copy and a hard copy of the report to MOH through the research coordinator of his/her institution. Please attach a copy of each publication and presentation listed in the appendix with the report (if they have not been sent with previous annual reports). Note that publications and presentations that do not acknowledge MOH as the funding source would not be counted towards the KPI of the project.

***Important : MOH place special emphasis on indicators and items marked \*\****

|  |  |
| --- | --- |
| **TCMRG Number:** | TCMRG – COVID-19 / |
| **Project Title:** |  |
| **Approved Budget (S$):** |  |
| **Approved Duration (months):** |  |
| **Expected Completion Date:** | DD/MM/YYYY |
| **Actual Completion Date:** | DD/MM/YYYY |
| **Principal Investigator:** |  |
| **Host Institution:** |  |

**1 Research Team (as approved in the grant application)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Current Appointment\*** | **Institution** |
|  | Co-Investigator |  |  |
|  | Co-Investigator |  |  |
|  | Collaborator |  |  |
|  | Collaborator |  |  |

**\*Please fill in the following categories: Scientist, Clinician, Clinician-Scientist, Biostatistician, Lecturer, TCM practitioner etc.**

**2 Other Professional Personnel Involved (any other collaborations fostered)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Current Appointment\*** | **Institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Please fill in the following categories: Scientist, Clinician, Clinician-Scientist, Biostatistician, Lecturer, TCM practitioner etc.**

**3 Abstract of Progress Report**

Provide a summary of the progress of the project. It will be used for evaluation and may affect the continuous funding of this project.

**4 Progress of Project \*\***

a) **Findings**

Provide a succinct account of the findings and results for the period indicated above. State the clinical application(s), direct and/or potential, of the research project which improves clinical service or healthcare of the nation.

b) **Project Performance Indicators**

Provide the target and achieved values for each of the indicators in the attached annex. The target values should be the same as stated in the original grant application.

c) **Project Milestones**

Fill the table with the milestones as stated in the original grant application. Use shading to indicate the original target duration, and crosses to indicate the actual duration (Please remove the examples in the table below and add more rows where applicable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Milestones** | **Targeted Duration** | | | |
| **Year 1** | | | |
| **Q1** | **Q2** | **Q3** | **Q4** |
| E.g. Milestone 1 (please replace) | X |  |  |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: |  |  |  |  |
| E.g. Milestone 2 (please replace) |  | X |  |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: |  |  |  |  |
| E.g. Milestone 3 (please replace) |  |  | X |  |
| Status: Completed/Ongoing/Dropped (please delete as appropriate)  Remarks: |  |  |  |  |

**5 Manpower recruited and training**

a) Please provide a list of the personnel recruited under the grant, and for each person recruited, provide the name, post, qualification and remuneration.

b) Indicate whether the principal investigator, co-investigator or a named collaborator is on protected time for the project and if so, the amount of protected time approved and consumed.

**6** **Problems encountered**

Highlight any problems encountered in the course of the project and suggest reasons, if any, and solutions.

**7 Deviations from original proposal**

Highlight deviations, if any, in the aims and/or methodology from the original proposals and justify for the deviation(s).

**8 Project Plan**

Please provide a brief outline of the project plan for the next 6 months.

**9 Signing of Report**

The report must be signed and dated by the PI of the project and countersigned by the Research Director / CEO. If the Research Director is involved in the project (i.e. Co-PI or collaborator), the countersigning officer should be from the next level of supervisory.

|  |  |  |
| --- | --- | --- |
| PI Signature/ Name/ Designation |  | Countersigning Officer Signature/ Name/ Designation (Research Director/ CEO) |