



ADHA INSTITUTE FOR ORAL HEALTH

RESEARCH GRANT ANNUAL PROGRESS REPORT

ADHA Institute Proposal #: _____

Organizational Proposal # (if applicable): _____

| | | | |
|---|---------------------------|---|--------------------|
| PROJECT TITLE: | | | |
| PRIMARY INVESTIGATOR: | | SECONDARY INVESTIGATOR(S): | |
| INSTITUTIONAL ADDRESS: | | | |
| WORK PHONE: | E-MAIL ADDRESS: | FAX: | HOME PHONE: |
| YEAR PROPOSAL FUNDED: | AMOUNT OF FUNDING: | STATUS OF PROJECT (e.g. in progress, completed): | |
| DETAILS OF CURRENT PROJECT STATUS (e.g.: why is project in progress or completed): | | | |

| PROJECT OUTCOMES | |
|-------------------------------|------------------------------------|
| PUBLICATION(S)/JOURNAL | CITATIONS |
| | |
| | |
| | |
| PRESENTATIONS | DATES/PLACE OF PRESENTATION |
| | |
| | |
| | |
| | |

Next phase of study/follow-up project planned:

Primary Investigator Signature

Date

Return completed form via mail or email by January 15 to:

ADHA Institute for Oral Health
 Research Grant Program
 444 N. Michigan Ave., Ste. 3400
 Chicago, IL 60611
 institute@adha.net