



ADHA INSTITUTE FOR ORAL HEALTH

RESEARCH GRANT FINAL 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 within 3 months of completion of project to:

ADHA Institute for Oral Health
 Research Grant Program
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 Chicago, IL 60611
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