**Semi-Annual Technical Progress Report Format Front Cover**



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| Award Number: |  |
| Log Number: |  |
| Project Title: |  |
| Principal Investigator Name: |  |
| Principal Investigator Organization and Address: |  |
| Principal Investigator Phone and Email: |  |
| Report Date: |  |
| Report Period: |  |

**All Semi-Annual Technical Reports must be submitted via the Electronic Biomedical Research Application Portal (eBRAP). Reports will not be accepted by email.**

**REPORT FORMATTING INSTRUCTIONS:**

Please use the following format for the report file name: “Award Number, SemiAnnTechProgReport Year.”

**REPORT SUBMISSION INSTRUCTIONS:**

Most investigators already have an eBRAP account; if so, please login and select “Award Management” for the relevant award, then navigate to the “Technical Reports and Other Reporting Requirements” tab to submit your report. If you have forgotten your password, please click on "Forgot your Password?" on the homepage and follow instructions; do not register/start a new account.

**If you have questions, contact the GOR.**

# Accomplishments: The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency Grants Officer whenever there are significant changes in the project or its direction.

**What were the major goals of the project?**

*List the major goals of the project as stated in the approved SOW. If the application listed milestones/target dates for important activities or phases of the project identify these dates and show actual completion dates or the percentage of completion.*

 **What was accomplished under these goals?**

*For this semi-annual reporting period only describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided.*

**Describe the Regulatory Protocol and Activity Status (if applicable).**

Describe the Protocol and Activity Status for sections a-c, as applicable, using the format described for each section. If there is nothing significant to report during this reporting period, state “Nothing to Report.”

* 1. ***Human Use Regulatory Protocols***

*TOTAL PROTOCOLS: State the total number of human use protocols required to complete this project (e.g., 5 human subject research protocols will be required to complete the Statement of Work.”). If not applicable, write “No human subjects research will be performed to complete the Statement of Work.”*

*PROTOCOL(S): List the identifier and title for all* *human use protocols needed to complete the project. Include information about the approved target number for clinical significance, type of submission, type of approval with associated dates, and performance status.*

*The following format shall be used:*

*Protocol ( of total):*

*Protocol [OHRO Assigned Number]:*

*Title:*

*Target required for clinical significance:*

*Target approved for clinical significance:*

*Submitted to and Approved by:*

*Provide bullet point list of protocol development, submission, amendments, and approvals (include IRB in addition to OHRO).*

*Status:*

*Report (i) progress on subject recruitment, screening, enrollment, completion, and numbers of each compared to original planned target(s), e.g., number of subjects enrolled versus total number proposed; (ii) amendments submitted to the IRB and OHRO for review; and (iii) any adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation.*

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| TOTAL PROTOCOLS: |

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| PROTOCOL (­\_ of \_ total):Protocol [OHRO Assigned Number]: Title: Target required for clinical significance:Target approved for clinical significance:Submitted to and Approved by:Status:**(i)** Number of subjects recruited/original planned target: Number of subjects screened/original planned target: Number of patients enrolled/original planned target: Number of patients completed/original planned target: **(ii)** Report amendments submitted to the IRB and OHRO for review:**(iii)** Adverse event/unanticipated problems involving risks to subjects or others and actions or plans for mitigation: |

1. **Use of Human Cadavers for Research, Development, Test, & Evaluation (RDT&E), Education, or Training**

*“Cadaver” is defined as a deceased person or portion thereof and is synonymous with the terms “human cadaver” and “post-mortem human subject” or “PMHS.” The term includes organs, tissues, eyes, bones, arteries or other specimens obtained from an individual upon or after death. The term “cadaver” does not include portions of an individual person, such as organs, tissue, or blood, that were removed while the individual was alive (for example, if a living person donated tissue for use in future research protocols, that tissue is not considered a “cadaver” under this policy, regardless of whether the donor is living or deceased at the time of tissue use).*

***TOTAL ACTIVITIES****: State the total number of RDT&E, education, or training activities that will involve cadavers. If not applicable, write “No RDT&E, education or training activities involving human cadavers will be performed to complete the Statement of Work (SOW).”*

***ACTIVITIES:*** *Provide the following information in a bulleted list for all RDT&E, education, or training activities involving human cadavers conducted or supported during the reporting period:*

* *Title of the RDT&E, education, or training activity*
* *SOW task/aim associated with the activity*
* *Date the activity was conducted*
* *Identification of the organization’s responsible individual (e.g., PI or individual primarily responsible for the activity’s conduct)*
* *Brief description of the use(s) of cadavers in the activity and the total number of cadavers used during the reporting period*
* *Brief description of the Defense Health Agency organization’s involvement in the activity*
* *Status of document submission and approvals*
* *Problems encountered in the procurement, inventory, use, storage, transfer, transportation, and disposition of cadavers used for RDT&E, education, or training. Examples of problems include but are not limited to: loss of confidentiality of cadaveric donors, breach of security, and significant deviation from the approved protocol, failure to comply with state laws and/or institutional policies, and public relations issues.*

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| ***TOTAL ACTIVITIES:***  |

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| ***ACTIVITES:*** |

**(c) Animal Use Regulatory Protocols**

TOTAL PROTOCOL(S):

*State the total number of animal use protocols required to complete this project (e.g., 2 animal use research protocols will be required to complete the Statement of Work.). If not applicable, write “No animal use research will be performed to complete the Statement of Work.”*

PROTOCOL(S):

*List the identifier and title for all* *animal use protocols needed to complete the project. Include information about the approved target number for statistical significance, type of submission, type of approval with associated dates, and performance status.*

*The following format shall be used:*

Protocol (\_ of \_ total):

*Protocol [ACURO Assigned Number]:*

*Title:*

*Target required for statistical significance:*

*Target approved for statistical significance:*

Submitted to and Approved by:

*Provide bullet point list of protocol development, submission, amendments, and approvals (include IACUC in addition to ACURO).*

Status:

*Provide bullet point list of performance and/or progress status relating to the above protocol and discuss any administrative, technical, or logistical issues that may impact performance or progress of the study (e.g., animal use protocol needs revision to minimize animal suffering, animal protocol modification to include additional staff) for the above ACURO approved protocol.*

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| TOTAL PROTOCOL(S): |

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| PROTOCOL (\_ of \_ total):Protocol [ACURO Assigned Number]: Title: Target required for statistical significance:Target approved for statistical significance:Submitted to and Approved by:Status: |

**What do you plan to do during the next reporting period to accomplish the goals and objectives of the project?**

*Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives of the project.*

# Outputs: List any outputs resulting from the project during the reporting period. If there are no outputs to report for the current reporting period, state “Nothing to report.”

# *Examples of outputs include:*

* *publications, conference papers, and presentations;*
* *website(s) or other Internet site(s);*
* *technologies or techniques;*
* *inventions, patent applications, and/or licenses; and*
* *other outputs, such as data or databases, biospecimen collections, germplasm, audio or video products, software, models, educational aids or curricula, instruments or equipment, data and research material, clinical or educational interventions, or new business creation.*

# Participants & Other Collaborating Organizations

**What individuals have worked on the project?**

Provide the following information for: (1) Project Directors (PDs)/ PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort).

*Provide the name and identify the role the person played in the project. Indicate the nearest whole person month (Calendar, Academic, Summer) that the individual worked on the project. Show the most senior role in which the person worked on the project for any significant length of time. For example, if an undergraduate student graduated, entered graduate school, and continued to work on the project, show that person as a graduate student, preferably explaining the change in involvement.*

*Describe how this person contributed to the project. If information is unchanged from a previous submission, provide the name only and indicate “no change.”*

*Example:*

*Name: Mary Smith*

*Project Role: Graduate Student*

*Researcher Identifier (e.g., ORCID ID): 1234567*

*Nearest person month worked: 5*

*Contribution to Project: Ms. Smith has performed work in the area of combined error- control and constrained coding.*

# Changes/Problems: The PD/PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency Grants Officer whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, “Nothing to Report,” if applicable:

* 1. **Actual Problems or delays and actions to resolve them**

*Provide a description of current problems or issues that may impede performance or progress of this project along with proposed corrective action. Also describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.*

*For an award that includes the recruitment of human subjects for clinical research or a clinical trial, discuss any problems or barriers encountered, if applicable, and what has been done to mitigate those issues. Discussion may highlight enrollment problems, retention problems, and actions taken to increase enrollment and/or improve retention.*

* 1. **Anticipated Problems/Issues**

*Provide a description of anticipated problems or issues that have a potential to impede performance or progress. Also provide courses of action planned to mitigate problems or to take should the problem materialize.*

# Special Reporting Requirements:

**Quad Charts:** If applicable, the Quad Chart (templates available on <https://ebrap.org>) should be updated and submitted with attachments.