# **MINISTRY OF HEALTH**

###### Traditional Chinese Medicine Research Grant (TCMRG) - COVID-19

###### Final 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 – COVID-19 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 practitioners 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 practitioners etc.**

**3 Abstract of Final Report (not more than 200 words)**

Provide a summary of the project: its objectives, methodology, major accomplishments and other relevant information.

**4 Introduction and Objectives**

1. State the background and objectives of the study.
2. Describe the extent to which the objectives of the research have been achieved and relate the significance of the research to clinical applications, and recent work in the field.
3. Deviations from the objectives of the original proposal during the course of the project, if any. The reasons and justifications for the deviations should also be reported.

#### 5 Project management and execution

1. Provide a detailed write-up of work performed. Describe the individual and collaborative work done by the various organizations involved in the project, if the project involves more than one organization.
2. Highlight any problems encountered (e.g. technical or personnel problems, material/equipment sourcing problems) and how these were resolved. Include reasons for any delay if the project took longer than the proposed time frame.

#### 6 Project Findings \*\*

State the clinical and/or policy application(s), direct and/or potential, of the research project which improves clinical service or healthcare of the nation. Also state what follow-up arrangements have been made or are planned to apply or implement the application(s).

**7 Project Performance Indicators and Milestones**

a) 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.

b) 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: |  |  |  |  |

**8 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.

**9 Collaboration \*\***

Where applicable, explain how collaborative effort has developed in the course of the project.

**10 Future Plans**

a) Give a brief description of any new features that you may want to incorporate into the procedure/process already developed.

b) Give a brief description of any other procedure/process you may want to pursue.

c) Any future collaborations from a particular domain of expertise that you would like to have?

**11 Final Statement of Account**

Please enclose a statement of account of the above project from your Finance Department. The statement should reflect the approved budget and the expenditure in terms of manpower, consumables and others, as well as the balance at the end of the project.

**12 Signing of Report**

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

|  |  |  |
| --- | --- | --- |
| PI Signature/ Name/ Designation |  | Countersigning Officer Signature/ Name/ Designation |