

SCIENTIFIC REPORT

VISION HEALTH RESEARCH NETWORK

**Deadline to submit a report:** At the end of each grant, as well as when the VHRN is preparing for its renewal.

**No member of the VHRN shall be eligible to apply for funding (all competitions combined) if they are not up to date with the reports requested by the Network for grants on which they were listed as researcher or co-researcher.**

**Please send your report to**:
Vision Health Research Network
reseau.vision.hmr@ssss.gouv.qc.ca

**For additional information, please contact:**Vision Health Research Network

514-252-3400 ext. 1568

reseau.vision.hmr@ssss.gouv.qc.ca

visionnetwork.ca

The VHRN is supported by the *Fonds de recherche du Québec - Santé (FRQS)*

**SCIENTIFIC REPORT FORM**

**VISION HEALTH RESEARCH NETWORK**

**PERIOD COVERED BY THE REPORT**

|  |  |  |
| --- | --- | --- |
| Check | Programme | Years cover by the report |
|  | Common Infrastructures (IF) | April 2013 – March 2017 (VHRN renewal period) |
|  | AMD Program | Since the begging of the grant. Precise:  |
|  | National and International Networking Program | Since the begging of the grant. Precise: |

## PROJECT TITLE:

## Name and contact information of the person responsible for the program:

**Signature of the person responsible for the program**

As the researcher in charge of the research initiative mentioned above, I declare that the information provided in this report is exact, to the best of our knowledge;

As the researcher in charge of the research initiative mentioned above, I declare that contributors and users have been advised of their inclusion in this report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** **Signature Date**

**USERS AND BENEFICIARIES** (add pages as needed)

* Common Infrastructure: List the names of those who have contributed to, used and/or benefited from this infrastructure between 2013 and 2017.
* AMD and Networking programs: List the names of those who participated in this project

\* \* \*

1. Fill in the table with the number of users.
2. Group users according to the categories listed below. This list is expected to reflect that of authors listed in the publications permitted by the funding of this infrastructure or partnership project.

|  |  |
| --- | --- |
| Summary table | Number(IF: 2013-2017) |
| Basic research (QC researchers and collaborators) |  |
| Clinical research (QC researchers and collaborators) |  |
| National collaborators  |  |
| International collaborators |  |
| Undergraduate students |  |
| MSc students |  |
| PhD students |  |
| Postdoctoral fellows |  |
| Research assistants |  |
| Others (government agency, industry; etc.) |  |
| Total |  |

**Detailed list (names and institutions):**

## Researchers (Basic research):

## Clinician researchers and collaborators (Clinical research):

## National collaborators:

## International collaborators:

## Undergraduate students:

## MSc students:

## PhD students:

## Postdoctoral fellows:

## Research assistants:

## Others (government agency, industry, etc.):

**SCIENTIFIC RESULTS** (maximum 4 pages)

* Common Infrastructure: Describe the scientific discoveries ensued from the use of this common infrastructure between 2013-2017
* AMD Program: Describe the scientific discoveries generated by this project that will help improve treatments, prevention and/or rehabilitation for people suffering from AMD.
* Networking Program: Describe the scientific results generated by this project.

Please make the content of your text accessible to a researcher who is not in your field.

**PERFORMANCE (maximum 4 pages, excluding the present page)**

**Do not repeat information of the scientific results section**

**Include only the information relevant to the Infrastructure, program or project**

* Common Infrastructure: describe the relevance, strategic advantage and the impact of this infrastructure on the performance of the Network between 2013 and 2017.
* AMD Program: describe the impact of this research on the progress of the scientific knowledge on AMD (for the improvement of treatment, prevention and/or rehabilitation for people suffering from AMD), as well as its role in recruiting and developing a critical mass of AMD researchers in Quebec and in consolidating Quebec's place in the field of AMD research in Canada and internationally.
* Networking Program: describe the national and international collaborative nature of this project.

\* \* \*

Scientifics reports will be assessed following the FRQS performance criteria established for the evaluation of their Thematic Networks, as listed below.

**Please answer to all the items listed below when applicable.**

1. Leverage effect (grants, public or private investments, partnerships with the biopharmaceutical industry or others). Describe and specify amounts.
* Specify the title of the grant, the authors, the funding agency, the dates of beginning and end, and the amounts per year.
* Explain briefly how the Network played a role in the attribution of the grant.
* If it is an “in kind” partnership, describe and estimate the amount
1. Development of new strategic and structuring initiatives
2. National and international visibility
3. Biotechnology development
4. Added value for VHRN members and the scientific community
5. Development of cross-sector projects and poles of excellence
6. Training of the next generation
7. Promotion of clinical research
8. Added value for target community (new treatments, new personalized health care implementation of new health practices or policies).
9. Knowledge transfer, valorization and public communications activities
10. Free access to the results
11. Highlight success stories

**PUBLICATIONS (add the number of pages required)**

* Common Infrastructure: Provide a list of ALL PUBLICATIONS AND CONFERENCES that have resulted directly or indirectly from the use of this infrastructure during the last year.
* AMD and Networking Programs: Provide a list of ALL PUBLICATIONS AND CONFERENCES that have resulted directly or indirectly from this partnership project.

\* \* \*

1. Group according to categories
* Peer-reviewed journals (published / accepted or in-press / submitted)
* Reports to government agencies and/or others
* Book chapters
* Oral presentations and posters.
1. Bold the names of the investigators members of the VHRN
2. **Precede by an asterix (\*) all publications where funding by the VHRN is mentioned in the Acknowledgements section.**

\*Reminder: It is essential that researchers acknowledge the VHRN and/or the *Fondation Antoine-Turmel (FAT)*, when applicable, in each publications and presentations for which funding from the VHRN or the FAT contributed (directly or indirectly). If this is has not been done, the FRQS will not recognize these articles and abstracts in its evaluation of our Network, which will reduce the passing grade and possibly the allocated funding.

|  |  |
| --- | --- |
| Summary Table | Number(IF: 2013-2017) |
| Articles in peer reviewed journals |  |
| Articles in peer reviewed journals in which the VHRN was acknowledged |  |
| Book chapters |  |
| Oral presentations and posters |  |
| Provincial Conferences |  |
| National Conferences |  |
| International Conferences |  |
| Total |  |

**Detailed list:**

1. Articles in peer reviewed journals
2. Articles in peer reviewed journals in which the VHRN was acknowledged
3. Book chapters
4. Oral presentations and posters
	* Provincial Conferences
	* National Conferences
	* International Conferences

**SCIENTIFIC PROGRAMMING AND BUDGET** (maximum 2 pages, for renewals)

Describe the new projects and/or new opportunities foreseen for the coming year through the use of this common infrastructure. Detail the amount requested from the VHRN for the year 2017-2018.

**ADMINISTRATIVE INFORMATION** (for renewals)

Complete information of the Finance Director or the representative who will manage the grant

Last name, first name:

Email:

Phone number:

Institution’s name (to which the cheque will be payable to):

**Complete address where the cheque must be sent:** (civic number, office number, street name, city, postal code)

Fund number (if available):

**PROJECT SUMMARY FOR LAY AUDIENCE** (In French and English; DMLA and Networking programs only)

Programme DMLA: Summarize in simple and understandable words to a non-scientific audience your project and its meaning as well as the major results obtained and the expected impact for the patient.

Programme RNI: Describe, in plain language, the goal of the study, expected results and impact of the collaboration on the national and international visibility of the VHRN team (networking, new collaborations, joint publications, student exchanges, leverage effects, new partnerships).

For dissemination and promotion

Titre du projet :

Résumé vulgarisé du projet et signification :

Résultats préliminaires majeurs :

Impact :

Conclusion :

\* \* \*

Project title:

Summary of the project and meaning:

Major preliminary results:

Impact:

Conclusion: