

UNICEF / UNDP / World Bank / WHO
Special Programme for Research and Training
in Tropical Diseases (TDR)

For administrative use

CONFIDENTIAL

(exceptions: see 1.1-1.6 below; page 3)

PROGRESS REPORTS, FINAL REPORTS & RENEWAL REQUESTS

SECTION B: FORM

PLEASE REFER TO THE ACCOMPANYING INSTRUCTIONS (TDR/REP(A)/FORM/01)
THE ORIGINAL FORM (WITH ORIGINAL SIGNATURES) SHOULD BE SUBMITTED TO TDR WITH TWO COPIES

PART I. ADMINISTRATIVE INFORMATION *Please print or type*

<i>Selected information from this box (1.1-1.6) may be released to the general public</i>			
1.1 Period covered by this report: From _____ To _____		1.2 Report Type: Progress Report Only <input type="checkbox"/> Progress Report & Renewal Request <input type="checkbox"/> Final Report <input type="checkbox"/>	
1.1a Project ID number:			
1.3 Name of Principal Investigator and Institution affiliation Surname: _____		Title: _____	Sex: (M/F)
		First name(s): _____	
Full name of Institution: _____			
Full postal address of Principal Investigator to be used for professional correspondence:			
Telephone: _____		Email (1): _____	
Fax: _____		Email (2) or Website: _____	
1.4 Title of Project: (120 characters <i>maximum</i>)			
1.5 Committee:		1.6 Relevant Disease(s):	

1.7 Publications and Patents:

1.8 Project Summary: *(for the period under review)*

Unless you specify to the contrary by placing a cross in this box , the whole or part of this section may, at the discretion of the director of TDR, be included in reports of the Special Programme or other TDR communications outlets such as the website or *TDRnews*.

PART II. BUDGET for the following year Please refer to instructions (TDR/REP(A)/FORM/01)

2.1 Budget details ¹		If the project requires no further funding for completion, tick here and sign below <input type="checkbox"/>	For WHO use only - Project ID		
Personnel ² (name, if known)	Position	% of time devoted to project	Budget request (US\$) ³		
			As originally estimated	New total	Change (+ or -)
1	Principal Investigator		(not normally admissible) ⁴		
2					
3					
4					
Trainees/fellows:					
1					
2					
3					
Total personnel					
Supplies ⁵	[Please enter details here: e.g. expendable items; reagents, field suppliers etc.]				
Equipment ⁵	[Please enter details here: e.g. nonexpendable assets; microscopes, computer hardware etc.]				
Animals	[Please enter details here: e.g. specify species and number]				
Patient costs	[Please enter details here: e.g. drugs, hospitalisation, transportation etc.]				
Local travel (field work)	[Please enter details here: e.g. local air tickets, hotel, per diem]				
International travel (research staff)	[Please enter details here: e.g. air tickets, hotel, per diem. Do not include scientific meetings]				
Visiting experts	[Please enter details here: e.g. air tickets, hotel, per diem]				
Premises renovation	[Please enter details here: e.g. modest alternations and modifications]				
Library	[Please enter details here]				
Vehicles	[Please enter details here: e.g. fuel, purchase, maintenance]				
Training	[Please enter details here: e.g. tuition, stipend etc.]				
Communication	[Please enter details here: e.g. telephone, web etc.]				
Other expenditures (specify, and please refer to funding restrictions, TDR/REP(A)/FORM/01 Part II)					
1.	[Please enter details here]				
2.	[Please enter details here]				
3.	[Please enter details here]				
4.	[Please enter details here]				
5.	[Please enter details here]				
Total others					
GRAND TOTAL					
Chief Financial Officer of the Institution		Principal Investigator			
Name		Name			
Signature		Signature			
Date		Date			

¹ If more space is needed, expand under Item 2.4, "Budget Justification".

² Please include in Annex A the *curricula vitae* of any named scientist, trainee or fellow whose CVs were not attached to previous documentation.

³ Please refer to funding restrictions in instructions (TDR/REP(A)/FORM/01 Part II).

⁴ Salary support for the PI in DECs is permitted in special cases. Justification by PI & and recommendations by Steering Committee required.

⁵ This should include, where applicable, 20% for packing, freight and insurance charges.

2.2 Other support for the proposed project)

Is this research currently supported by any other funding agency?

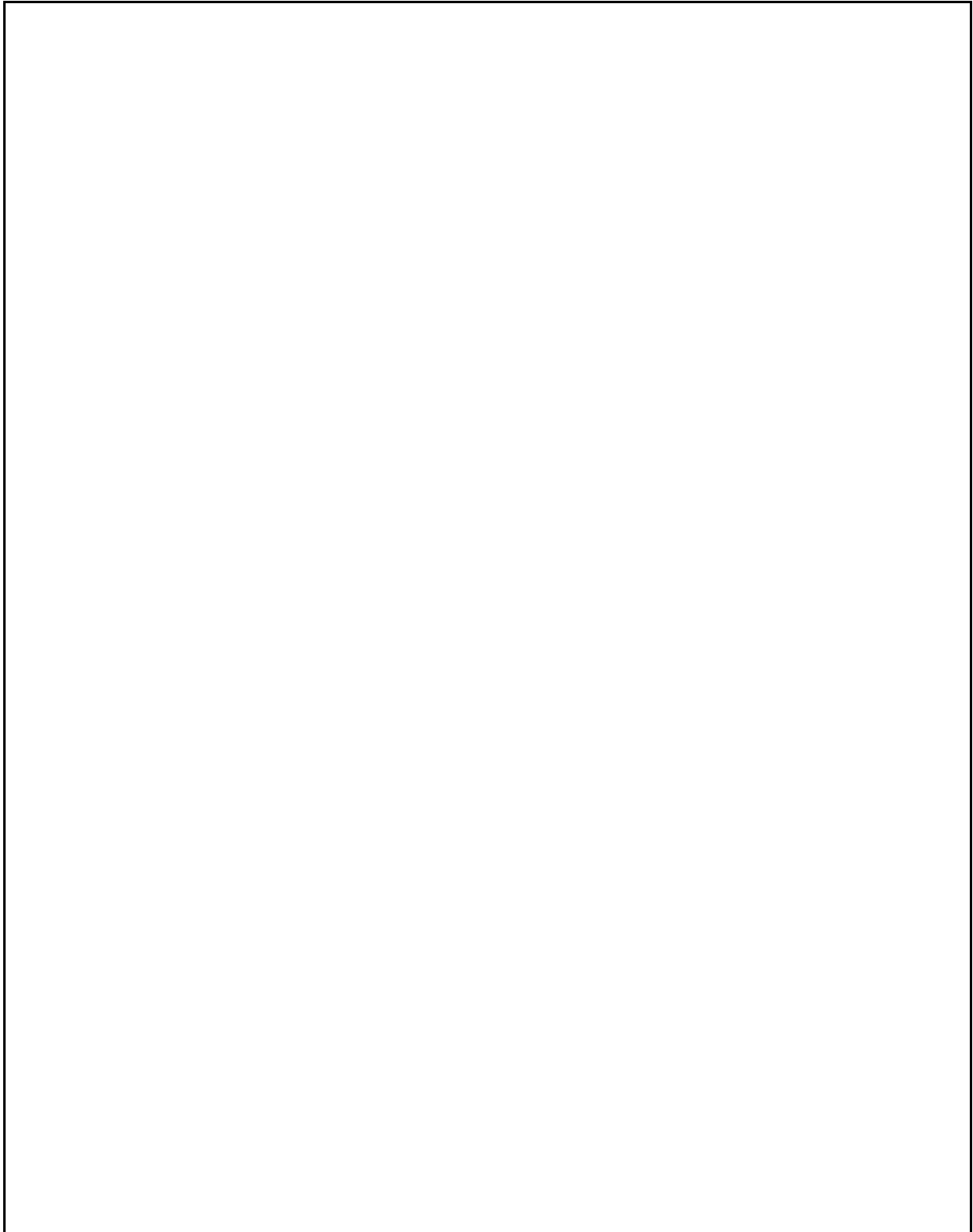
Yes No *If "yes", give the name of the organization(s) and summarise the amount and duration of support, with dates.***2.3 Amount intended for supplies and equipment to be purchased by WHO through Trust Fund mechanism:**

US \$:

2.4 Budget justification: *The budget should clearly reflect the planned activities and the costs required. Justify each and every budget line stating how the cost figures were derived in relation to the activities to be undertaken.*

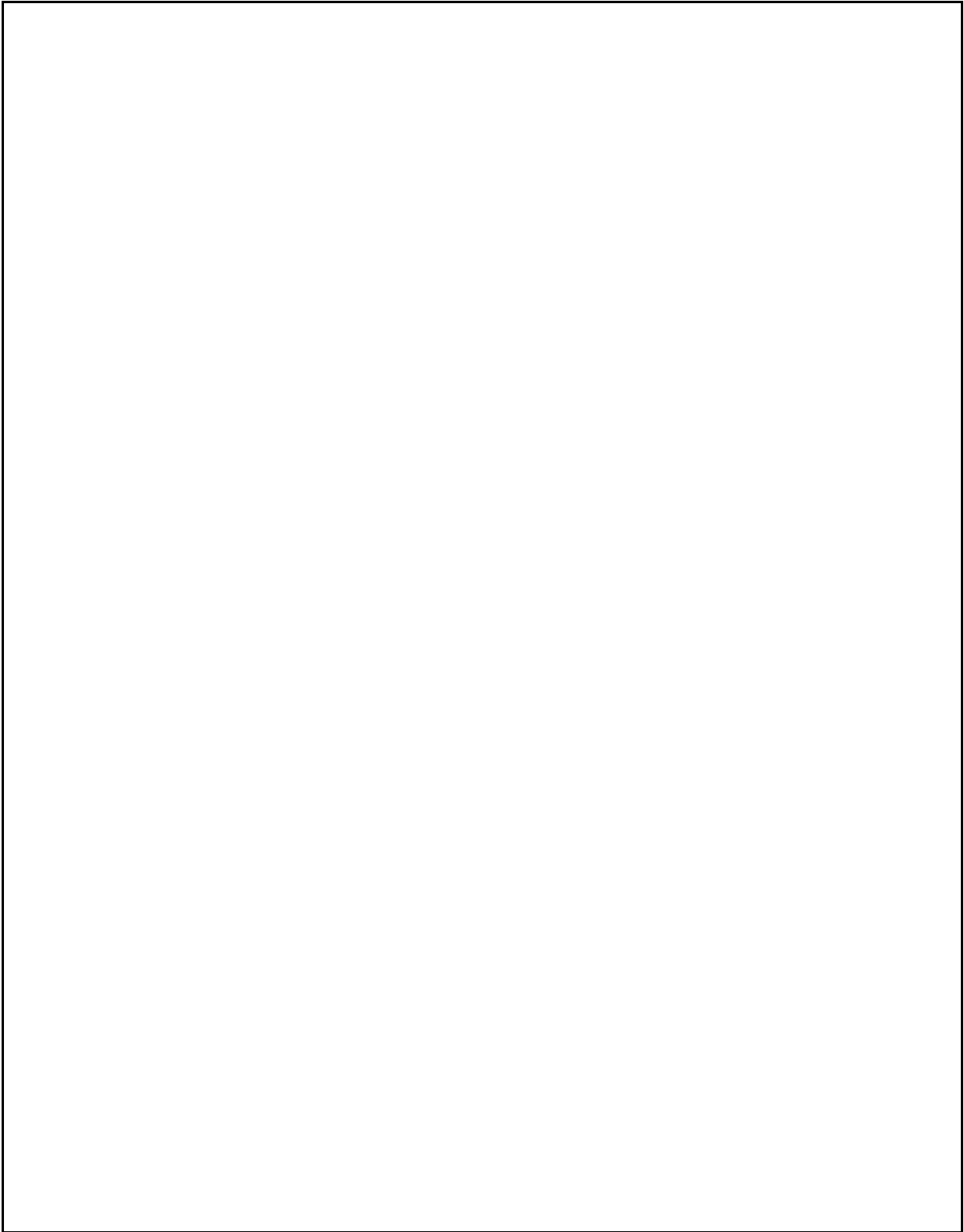
2.4 Budget justification (continued)

PART III. SCIENTIFIC PROGRESS *for the period under review*¹



¹ Continue on additional pages if necessary, and number them as 7a, 7b, etc. Please write on one side only.

PART IV. PLAN OF WORK *for the following year*¹

A large, empty rectangular box with a thin black border, intended for the user to write their plan of work for the following year. The box occupies most of the page's vertical space.

¹ Continue on additional pages if necessary, and number them as 8a, 8b, etc. Please write on one side only.

ANNEX A. CURRICULUM VITAE OF OTHER SCIENTISTS INVOLVED*(1 page maximum per individual¹)*

1. Surname:	Date of birth:
First name(s):	Sex: (M/F)
Telephone:	Nationality:
Fax:	Email:
2. Degree(s) <i>(subjects, university or school, year)</i>	
3. Posts held <i>(type of post, institution/faculty/department, dates)</i>	
4. Recent publications: List only the five most important publications over the last five years (papers in press or submitted for publication are also acceptable.) <i>Please give full bibliographic references (author(s), title, journal, volume, page numbers, years).</i>	

¹ Other formats containing the same information are acceptable. Use additional pages (one page maximum per individual), if necessary, and number them as 9a, 9b, 9c, etc. Please write on one side only.

ANNEX B. Request form for supplies and equipment to be purchased by WHO through the WHO trust fund mechanism Request Form WHO 5367E TDR

(please follow instructions on next page)

CONSIGNEE / ADDRESS:		TDR PROJECT No.	SPECIAL SHIPPING INSTRUCTIONS:					
			Date:	(for WHO use only) TRUST FUND No:				
For WHO use only	Order of Priority	COMPLETE DESCRIPTION OF ITEM	SUPPLIER DATE OF CATALOGUE USED	CATALOGUE No.	QUANTITY <i>(State Unit)</i>	UNIT PRICE	TOTAL PRICE	
INSTRUCTIONS FOR COMPLETING FORM WHO 5367E TDR FOR SUPPLIES AND EQUIPMENT: SEE OVERLEAF		PAGE No.	(Indicate on each page) TOTAL THIS PAGE:					
			(Indicate on last page only) GRAND TOTAL OF ALL PAGES:					

Instructions for completing Request Form WHO 5367E TDR for supplies and equipment

1. **CONSIGNEE/ADDRESS AND DATE:** Name and complete address of the person to whom goods should be sent and date on which order is placed. NB. Please indicate when goods are to go via the WHO Representative.
2. **SPECIAL SHIPPING INSTRUCTIONS:** e.g., air parcel post, air freight, surface (for heavy, bulky, inflammable and dangerous chemicals). Note: Utilize this space when dispatch schedules are specified in shipments involving labeled compounds and other unstable items necessitating periodic shipments (see instruction 4(f) below). If left blank, WHO will decide on the appropriate shipping method to use.
3. **ORDER OF PRIORITY:** When supplies are being requested, number the items in their decreasing order of priority (items of lesser priority will be dropped from the request in the event of insufficient funds). **PLEASE NOTE:** Specify one priority number for each item in consecutive descending order, beginning with No.1. For example, only one item can be given priority No.1. If any priority number is repeated for more than one item, such items will be ranked in the descending order in which they appear on the form.
4. **COMPLETE DESCRIPTION OF ITEM(S):** Please note carefully the following:
 - (a) When major equipment is requested, it is essential that spare parts be included in the request. Each manufacturer has a recommended replacement parts list, which should be figured at approximately 10% of the equipment cost.
 - (b) In the event of other spare parts being required, indicate the make and model number of the piece of equipment in question.
 - (c) For electrical equipment, state voltage and cycles.
 - (d) For glassware and plastic ware, state size, dimensions or volume required.
 - (e) For chemicals and reagents, indicate grade required, e.g., reagent grade, chemically pure, etc.
 - (f) For labeled compounds, indicate the specific activity, number of curies and approximate date(s) you wish to receive compound(s). Since radioactively labeled compounds and assay kits and other unstable items have a limited "shelf-life", a dispatch schedule (periodic shipments) should be specified whenever appropriate.
5. **SUPPLIER/DATE OF CATALOGUE USED:** Complete name and address of supplier and date of catalogue used. Name possible alternate suppliers. (We suggest that investigators request supplies from a minimum number of suppliers to reduce shipping costs.) Please indicate when items are to be of a specific brand, origin or supplier. If not indicated WHO may supply an equivalent item of a different brand, origin or supplier. Brands are usually more expensive and WHO through other suppliers is often able to supply an equivalent item with the same qualities (if not the brand) at a lower cost.
6. **CATALOGUE NO:** Furnish catalogue reference number of each item requested.
7. **QUANTITY (STATE UNIT):** By items, i.e. 1 x 500g, 3 x 1 litre; By quantity packs, i.e. 1 case/500 tubes, 2 cases/6 x 100ml.
8. **UNIT PRICE:** Price per unit, e.g. US\$12 per litre, 20CHF per 10g.
9. **TOTAL PRICE:** Total price for the item(s) requested. State currency used, e.g. US\$, BF, CHF, FF. **PLEASE NOTE:** Use as many copies of this form as required. Number all pages 1, 2, 3, etc., in the space provided on the form. On each page indicate in the space provided the total amount for that page. On the last page indicate both the total amount for that page and the grand total for all pages.
10. It should be noted that packing, freight and insurance (PFI) charges amount to approximately 20% of the total cost of an order and that this expense will have to be charged against the project.