**Clinical Research Fellowship Scheme**

**Completion Report**

*(Please submit the completed form to the Research Team of the Faculty Office within one month upon completion of the fellowship.****)***

1. **Personal & Project information**

|  |  |  |  |
| --- | --- | --- | --- |
| Fellow’s Name: |  | | |
| Mentor’s Name: |  | | |
| Host HKUMed Department: |  | | |
| Project title: |  | | |
| Project Period: | Start Date | Completion Date | Duration |
|  |  |  |

1. **Achievements and Research Outputs**

1**. Academic/clinical benefits and professional development realized:**

**2. Research Outputs:**

1. Publications (please indicate authorship, journal, and impact factor)
2. Oral/Poster presentations (please indicate conference, presentation date, and provide the submitted abstract of your presentation)

**3. Future Research Plans (if any)**

**4. Financial Statement**

*(Please include breakdown of expenditures and attach receipts as appropriate)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fellow’s Signature: |  |  | Date: |  |

Reviewed by:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |
|  | Mentor |  |  |  |

September 2022