# *REPORTING OF RESEARCH OUTCOMES FOR PRECEDING YEAR (2016)*

- Complete one form for each Lab/Research Group, and attach additional pages if needed
- Please indicate below if you as a PI/Supervisor have completed the form for another MMI user.

☐ I have already reported the research outcomes for my research group in the form signed for

MMI User name: _____

| ***Publications reporting results obtained on MMI-MHTP instrumentation*** |
|---|
| *Please use either ARC/NHMRC format or DOI for publications* |
| ***Eg:*** 1. Abeynaike, L. D., Deane, J. A., Westhorpe, C. L., Chow, Z., Alikhan, M. A., Kitching, A. R., ... & Hickey, M. J. (2014). Regulatory T Cells Dynamically Regulate Selectin Ligand Function during Multiple Challenge Contact Hypersensitivity. The Journal of Immunology, 1400641. |
| ***Or*** 2. doi: 10.4049/jimmunol.1400641 |

| ***Grants that involve use of MMI-MHTP instrumentation*** | | | | |
|---|---|---|---|---|
| *Details should include Agency (NHMRC/ARC/Other); CI's, Amount and Years funded, Project Title, as per ARC format below:* | | | | |
| ***Project ID/#*** | ***Project Title*** | ***CI/PI/Fellow Name/s*** | ***Amount Funded*** | ***Years Funded*** |
| | | | | |
| | | | | |
| | | | | |

| ***Hon/PhD students*** | | | |
|---|---|---|---|
| ***Hon/PhD*** | ***Name*** | ***Year of Enrollment*** | ***Year of Completion*** |
| | | | |
| | | | |
| | | | |

*MMI reserves the right to refuse admission to individuals or laboratories if any of the policies outlined above are consistently transgressed.*

**Certification.** I have read the above policies and comments and agree with the stipulations. I have completed the list of research outcomes associated with MMI-MHTP for 2015/2016.

Signed by

**User** _____ / _____

Name Signature

**Supervisor/CI** _____ / _____

Name Signature

Please return this completed form to the MMI office and ensure you keep a copy for your own records.