



AUSTRALIAN DENTAL RESEARCH FOUNDATION INC

PO Box 520, St Leonards, NSW, 1590
Tel: [02] 9906 4412 Fax: [02] 9906 4676
Email: adrf@ada.org.au

FINAL REPORT COVERSHEET

1. Name of Researchers: _____

2. Title of Project: _____

3. Date of Commencement: _____

4. Date of Completion: _____

5. This coversheet **must** be submitted together with an abstract [Word format] in a form suitable for publication in the Special Research Supplement of the *Australian Dental Journal* as described in the Conditions Governing Research Grants, and a final report following the ADRF Final Report Guidelines.

The abstract and final report may be emailed to: adrf@ada.org.au

6. Has a submission been made to the *Australian Dental Journal* manuscript submission site (<http://mc.manuscriptcentral.com/adj>)? Yes / No

If Yes; Manuscript ID _____

7. Is a submission intended to be made to the *Australian Dental Journal* manuscript submission site (<http://mc.manuscriptcentral.com/adj>)? Yes / No

8. Is publication intended in another scientific journal? Yes / No

If Yes; Name of Journal _____

9. Has this research been presented at any scientific meetings or symposia? Yes / No

If Yes; Where _____

10. Has all expenditure been claimed against the grant? Yes / No

(Note: All submissions for unclaimed funds must be made to the ADRF within 12 months of submitting this Final Report)