**UNDERSTANDING IMPACT**

Please note that information in this section may be used in communication materials that will be distributed to people affected by MS, donors, general public and other key stakeholders.

Please complete the following to include activities that occurred during this reporting period (over the past funding year) and are related to the grant provided by MS Canada.

|  |  |  |
| --- | --- | --- |
| **Type** | **Number** | **List / Description / References** |
| **KNOWLEDGE GENERATION:** | | |
| **Peer-reviewed publications** (TOTAL) |  |  |
| **Manuscripts submitted/in preparation** |  |  |
| **Non peer-reviewed publications** (TOTAL) |  |  |
| **Open access publications** (both peer-reviewed and non-peer reviewed) |  |  |
| **Citations in non-academic publications** (i.e., in clinical guidelines, educational materials and/or policy briefs/documents) |  |  |
| **ENGAGEMENT ACTIVITIES:** | | |
| **Presentation(s)** at scientific conference/workshop/ meeting |  |  |
| **Poster(s)** at scientific conference/workshop/meeting |  |  |
| **Presentation(s) to engage non-scientific audiences** (e.g., public educational activities/workshops).  For each activity, indicate the type and size (exact or estimated) of audience. |  |  |
| **Other engagement activities** (e.g., membership on advisory committee, national consultation). |  |  |
| **COLLABORATIONS & PARTNERSHIPS:** | | |
| **New collaboration(s) with other researcher(s).** For each collaborator, indicate name, institution and research area/expertise. |  |  |
| **New collaboration(s) / partnership(s) with other stakeholders outside of academia** (e.g., industry, people affected by MS, healthcare practitioners, program delivery, policy-makers, etc.).  For each collaboration/partnership, indicate name, organization (if applicable), and nature of the collaboration/partnership. If funding is leveraged, list the amount(s) of additional funding. |  |  |
| **PRODUCT DEVELOPMENT:** | | |
| **Development of a new product** (e.g., tool, research dataset, database, model/product, methodology, etc.). |  |  |
| **COMMERCIAL ACTIVITIES:** | | |
| **Pre-clinical development** |  |  |
| **IP filed/granted** |  |  |
| **License/spin-out company.** Specify product name, inventors, company, and dates. |  |  |
| **ADDITIONAL FUNDING:** | | |
| **Additional or follow-on funding for this project, either from MS Canada or other funding organizations** (e.g., grants, trainee or investigator awards, travel, equipment, travel, etc.).  Please indicate source, funding type, and amount. |  |  |