# Reporting Template for JPIAMR funded networks

As part of the evaluation JPIAMR funded networks are required to submit an online report no later than 2 months after the end of the funding period. The coordinator and the partners are requested to fill in the following questionnaire. The questionnaire is simulated from the online reporting to be filled by the coordinator. The coordinator needs to collect information from each of the partners for the following aspects of the network and compile them in the final report to submit on-line. This report is expected to act as a reference point for the wider AMR research community and stakeholders in planning/delivering future research studies.

## 1 - Network Details

### JPIAMR Call name & Year

(free text)

### Network title

(free text)

### Network acronym

(free text)

### Dates (DD-MM-YYYY)

* Network Start Date:
* Network End Date:
* Date of Consortium agreement (if applicable):
* Date of report:

### Please attach the consortium agreement if applicable

## 2 - Details of the network partners

### Please provide the following information of the partners in the network

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Firstname Lastname | E-mail | Gender(F / M / Other) | Country | Amount Awarded(in Euros) |
| Partner1P1 (Coordinator) |  |  |  |  |  |
| P2 |  |  |  |  |  |
| P3 |  |  |  |  |  |
| P4 |  |  |  |  |  |
| P5 |  |  |  |  |  |
| P6 |  |  |  |  |  |
| P7 |  |  |  |  |  |
| P8 |  |  |  |  |  |
| P9 |  |  |  |  |  |

Additional details of the network partners

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partner Number** | **Organisation** | **Type of organisation**(Use one of the following options:University, Research institute, SME/ Industry, Public Health, Hospitals/ Health care, Other) | **Nature of organisation**(Use one of the following options: Public, Private, Non-profit) | **Researcher Identification**(ORCID ID or Researcher ID) |
| P1 |  |  |  |  |
| P2 |  |  |  |  |
| P3 |  |  |  |  |
| P4 |  |  |  |  |
| P5 |  |  |  |  |
| P6 |  |  |  |  |

## 3 - JPIAMR pillars and scientific area

Please allocate the relevance of each JPIAMR pillar with respect to the network (total 100%). If the project falls under more than one pillar, please select multiple alternatives.

* Therapeutics
* Intervention
* Surveillance
* Transmission
* Environment
* Diagnostics

### Which of the following focal areas are relevant to the network?

[ ]  To be provided as per the focal areas identified for respective calls

## 4 - Ethical considerations

### Please confirm you had all the needed ethical permits to perform the network work.

[ ]  Confirm

[ ]  Do not confirm

If no ethical permit(s) were obtained, please specify the reason.
(For eg. Not relevant to the project, under process etc.)

Please attach the ethical permit(s).
(If multiple files, combine into one PDF or attach a compressed folder)

Is there a gender dimension to the topic or execution of the project?
(e.g gender balance of the samples used, different risk or impact on a specific gender etc.)

[ ]  Yes

[ ]  No

* If Yes
* Please describe the gender dimension of the project. (Max 1500 characters.)
(free text)

## 5 - Network meetings and workshops

Please list the network meetings and workshops by listing the main topic for each meeting.

*(e.g.* consortium meetings, WP meetings, workshops, teleconference or others)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Topic | Date(DD-MM-YYYY) | Partners present (P1, P2 etc.) | Other invited participants present(Name, Country, Organisation) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

## 6 - Summary of the Output of the Network

### Briefly describe the work performed during the period covered by this report along with the summary of the output of the network– (max 3000 characters).

Free text

## 7 - Output of the network

Please indicate which of the following have been generated in the network, along with a brief description and/or URL.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Type of documents /Outputs(paste from options provided below) | Brief Description | URL |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Type of documents/outputs

(Please copy-paste the most suitable of these options when filling out the above table)

* Scientific article
* Book
* Conference participation
* Manual/Guide
* Policy briefing report
* Technical report
* Technical standard
* Consultancy report
* White paper
* Systematic reviews
* Guidelines and/or best practice / roadmap / framework
* Workshops/meetings
* Other, please specify

Attach the relevant documents of the above reported activities. (If multiple files, combine into one PDF or attach a compressed folder

* If “Scientific article (published)” selected:

### Please fill in the flowing information about your scientific articles(s)

|  |  |
| --- | --- |
| General info | Published open access? |
| Type \* | DOI | PMID | Yes | No |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |

\* Options: Original work, Review, Proceedings

* If “Book” selected:

### Please fill in the flowing information about your contribution to books

|  |  |
| --- | --- |
| Type of thesis | ISBN-number (if available) |
| Main author | Author of chapter | Editor | Other |
| [ ]  | [ ]  | [ ]  | [ ]  |  |
| [ ]  | [ ]  | [ ]  | [ ]  |  |
| [ ]  | [ ]  | [ ]  | [ ]  |  |

* If “Conference participation” selected:

### Please fill in the flowing information about conference participation related to this network

|  |  |
| --- | --- |
| Type of participation | Scope of conference |
| Oral | Poster | Organiser | Other | National | International |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

## 8 – Outreach activities

### Dissemination

### Please provide a popular science summary. (max 3000 characters)

Free text

The text will be used for communications/dissemination of JPIAMR funded networks.

This is not a scientific abstract and should be understandable by the general audience.

### Please attach at least one image or video related to the network that can be used for communication purposes.

(Attach)

### Which of the following audiences has the network communicated to?

[ ]  Patient groups

[ ]  Professional Practitioners

[ ]  Media (newspaper, television etc.)

[ ]  Social media

[ ]  General public

[ ]  Policymakers

[ ]  Students (pre-graduate)

[ ]  Academic audiences

[ ]  Other

[ ]  None/ not relevant

* If other

### Please describe the other types of audiences you have communicated the network to (free text)

### What would you consider the reach of the activities?

[ ]  Local / municipal / regional

[ ]  National

[ ]  International

### Do any of the partners of the JPIAMR supported network have websites or blogs mentioning the network?

[ ]  Yes

[ ]  No

* If Yes:

### Please provide URLs

Free text

## 9 - Comments and Feedback

Please provide any comments and feedback on the network call or your network actions to JPIAMR.

Free text