

# Guidelines

## for Final Reports from Clinical Research Units (CRU)



Disclaimer: The English translation of this document is provided for informational purposes. In the event of a discrepancy between the English and the German versions, the German text takes precedence.

**Deutsche Forschungsgemeinschaft**

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## I General Information

After a Clinical Research Unit concludes, a final report must be prepared. In the award letter issued for the coordination proposal relating to the first funding period of the CRU, the spokesperson was informed of the obligation to prepare a final report. The final report is divided into a *scientific* and a *programme-specific* part and is generally submitted to the DFG Head Office by **the research coordinator** of the Clinical Research Unit.

The purpose of the final report is to evaluate the performance of the Clinical Research Unit. It is the basis for the audit of the use of funds according to programme guidelines and forms part of the reporting requirements to which the DFG is subject vis-à-vis its funding bodies. The final report is also of use to reviewers as well as to DFG Head Office as the basis for evaluating the project and the funding programme.

Holding a final colloquium involving the reviewers is highly desirable, but this does not replace the *scientific part* of the final report.

## II Length and Form of the Final Report

The length of the *scientific part* of the final report (font Arial 10, line spacing 1.5) shall be at the discretion of the research coordinator. It may be submitted in either German or English.

The *programme-specific part* of the final report must be written in German and should cover between five and ten pages (font Arial 10, line spacing 1.5) for it to be possible for comparable criteria to be applied when evaluating the final reports.

The spokesperson is requested to send the entire final report to DFG Head Office in PDF format via the elan portal.

## III Content of the Final Report

The final report must be preceded by a summary of the objectives and the most important results of the CRU (max. one page), as well as a table of contents containing an overview of the individual projects. In addition, the success of the CRU is to be documented by listing the most important publications, joint publications and, where applicable, patents (see V.2 for details of form and scope).

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The report must be understandable without referring to additional literature. To illustrate and enhance your presentation you may refer to your own works and those of others. Indicate whenever you are referring to other researchers' work and explain your own work. Please list the publications cited in a bibliography at the end of the section. This bibliography is not considered your list of publications. Any unpublished work must be included with the final report. However, note that reviewers are not required to read any of the works you cite. The text of the report is the sole basis for evaluation.

The *scientific part* gives information about the particular scientific results achieved. A final report must exist for each project; this must be created for each project according to the Guidelines for a Final Report (DFG form 3.07).

[www.dfg.de/formulare/3\\_07](http://www.dfg.de/formulare/3_07)

The programme-specific part should address the implementation of the programme objectives, as well as including structural aspects and scientific highlights. The research coordinator is to comment on the following points/questions in this part, based on the objectives that were set when the CRU was initially established:

- Were the research objectives outlined in the proposal achieved or were there changes made? If yes, which ones?
- What scientific gains have been achieved through the network? Have structural measures been taken to mould the cooperation or strengthen the network (e.g. module Professorships, module Temporary Substitutes for Clinicians or knowledge transfer projects)?
- How were the thematic or local priorities decided on?
- How do you rate the international visibility of the Clinical Research Unit? Did you organise international colloquia? Which guest researchers were involved in the CRU?
- Which methods were used to promote researchers in early career phases?
- Which measures were implemented to promote equal opportunities? Where applicable, how was the funding for the budget for speakers used?
- Regarding the transfer aspects, has progress been made by way of comparison with the state of the art from an application perspective, and if yes in what way? May there be any follow-up projects resulting from the work carried out?
- Has the internal management of the Clinical Research Unit proven successful? What would you do differently based on the experience of the past years? How did the spokesperson, research coordinator, project leaders and other members collaborate?

Please provide information on the procedure for appointing the research coordinator of the CRU (where applicable) (for example, was there a procedure that was adapted for the CRU, a fast-track procedure or similar?).

- Was advantage taken of the flexibility of the use of the approved funds, and if so, how? Were funds “shifted” between projects where this was possible, for example? What were the criteria for this?
- The criteria and procedures of the CRU for the internal allocation of centrally approved funds are to be explained. How was this implemented in practice?
- Report and documentation on the use of publication funds (according to which procedure were the funds spent in the CRU?).
- Which public relations measures were supported with CRU funds (type of measure and amount of funds used; response to the measures; interaction with internal university public relations)?
- Is the continued funding of the core of the CRU secured (coordinator position and – depending on the obligation stated in the respective award letter – at least one or two full-time researcher positions, one or two full-time positions for technical staff and consumables)?
- What status has the CRU gained in relation to the priority area of the department of medicine? Describe the appointment policy of the university/department of medicine and other participating institutions in the participating clinics and institutes, as well as the creation, retention or reduction of professorships held by project leaders.
- Do you have any other information for the DFG?

#### **IV Date of Submission of the Final Report**

The final report must be submitted one year after the expiration of the last approval of a renewal proposal of the Clinical Research Unit. Exceptions to this require the approval of the DFG.

#### **V Overviews and Directories**

##### **1 Information about doctorates, post-doctoral lecturing qualifications and appointments of researchers in early career phases from the projects**

**Doctorates:**

Surname, first name	Are they clinicians or non-clinicians?	Core Support or supplementary resources?

**Post-doctoral lecturing qualifications:**

Surname, first name	Are they clinicians or non-clinicians?	Core Support or supplementary resources?

**Appointments of researchers in early career phases to professorships at levels C3, C4, W2 or W3:**

Surname, first name	Subject	University appointed to

**2 List of those appointed to temporary substitute position(s)**

Surname, first name	Institute	Individual project (project code)	funded in the CRU from – to (month/year)

**3 Overview of all participating clinics, institutes and facilities of the department(s) of medicine, other participating departments or non-university institutes during the two funding periods**

**4 Published project results from the Clinical Research Unit**

List here the main results that have emerged directly from the CRU and that have been published; include the DOI (Digital Object Identifier), ISBN or another persistent identification number wherever possible. If this is not available, please provide the direct link. Open access publications should be designated accordingly.

If the medium permits, publications must contain a reference to DFG funding (e.g. by means of a funding acknowledgement) and the project number.

Structure the published project results as follows:

- a) Please list here articles in peer-reviewed journals, peer-reviewed contributions to conferences or anthology volumes, and book publications. For papers that have already been accepted for publication but not yet published, the manuscript and the editor’s confirmation of acceptance must be enclosed.

- b) Please cite here any other form of published research results. This might include articles on preprint servers and non-peer-reviewed contributions to conferences or anthology volumes, data sets, protocols of clinical trials, software packages, patents applied for and granted, blog contributions, infrastructures or transfer. You may also indicate other forms of academic output here, such as contributions to the (technical) infrastructure of an academic community (including in an international context) and contributions to science communication.

A maximum number has been specified for the articles listed under a) and b), respectively. This amounts to ten publications per project; see also the “Guidelines for Publication Lists”.

[www.dfg.de/formulare/1\\_91](http://www.dfg.de/formulare/1_91)

## VI Evaluating the Final Report

The final report is provided to the review boards and the Senate for evaluation purposes. Recommendations, suggestions and evaluations regarding the report are given in writing to the research coordinator of the Clinical Research Unit.

After discussion of the report in the Senate, the DFG is entitled to publish the scientific part of the final report as well as the CRU's list of publications on its website, in particular in the GEPRIS database.

Upon request, the list of publications may be supplemented with a link to a list of publications on the internet, in which works published after the creation of the report may be included.

You may object to publication in GEPRIS by submitting a written statement along with the final report.