

# W. Martin Smith Interdisciplinary Patient Quality and Safety Awards Program

## Award Progress Report

**Project Title**

**Award Amount**

Date Grant Awarded

Date of IRB Approval

Quarterly Report Date

Principal Investigator

Department

Phone #

Co-Investigator

Department

Phone #

Co-Investigator

Department

Phone #

Co-Investigator

Department

Phone #

Co-Investigator

Department

Phone #

**Highlights of project activities and goals met:**