**HCIC Roster: Presentation / Manuscript / Data Use**

Note*: Information contained on this form will become part of the HCIC Roster, documenting use of HCIC results. The submitter hereby grants the HCIC Knowledge Translation (KT) Committee permission to use the information below for KT purposes.*

**SUBMIT COMPLETED FORMS TO:** [**hcic@mcgill.ca**](mailto:hcic@mcgill.ca)

*\*Items with an asterisk are mandatory.*

**Today’s Date\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Month / Day / Year)

**Date of presentation / release of information\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Month / Day / Year)

**Authors / Presenters\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E.g., Your name, Title, Organization

**Your phone or email\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (***used only for follow-up if required***)**

**Presentation / Report Title\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Format\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E.g.,Poster, 30 minute oral presentation, peer-reviewed manuscript, non-peer reviewed text, webinar

**Audience\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E.g., Conference name; organization name; public; administrators; health academia; media.

***Objectives / Purpose*\***(*I.e., what are you using the information for?)****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***HCIC Data / slide deck(s) utilized*\**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

E.g., HCIC 2016 Chronic disease burden/management slides 1-6.

***Potential Impact*** *(*How will presentation of HCIC results inform / influence health policy / decisions, or other use for results?)***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Applicable References: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Distribution of support materials: Yes \_\_ No \_\_ NA \_\_**

E.g., Electronic or paper-based distribution of HCIC information

**Copyright disclaimer included in any print materials? Yes \_\_ No \_\_ NA \_\_**

**Impact Assessment\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E.g., qualitative or quantitative evaluation (poll audience; pre/post survey; media impressions; # audience participants or readers).

You may also direct audience participants to complete our brief survey at:

<https://www.mcgill.ca/hcic-sssc/knowledge-translation/survey>

***Thank you for your collaboration!***