**The Lymphatic Malformation Institute**

*Final Research Report*

**FACE PAGE**

**Grant title:**

**Principal Investigator:**

**Funding Amount:**

**Funding Period:**

**Date of report:**

**Publication**: [ ] Yes\* [ ] No \* *Please attach PDF files of any published manuscripts*

**Conference presentation:** [ ] Yes\* [ ] No \* Please list conference presentations

**Lay Abstract of research findings (500 word max)**

**RESEARCH REPORT (2 pages max)**

**OVERALL ACHIEVEMENTS**

* **Key results:**
* **Obstacles or unexpected findings:**
* **Describe the impact of your finding on our understanding of CLA disease mechanisms and/or the care of patients with CLAs/**

***Briefly describe how your findings will be used to apply for additional funding and/or generate new lines of investigation.***