WAIKATO MEDICAL RESEARCH FOUNDATION

Discovery, Innovation, Progress.

ANNUAL REPORT 2014

Board of Trustees 2014

Patron

Dr Peter Rothwell
M.N.Z.M., Retired Physician

Board of Trustees

Foundation Chairman
Dr Noel Karalus
Respiratory and General Physician, Waikato Hospital
(Ex Officio Finance and Grants Committee)

Treasurer
Ms Rosanna Baird
Managing Director, Staples Rodway Waikato LP

Grants Committee

Chair
Dr Adrian Molenaar
Senior Scientist, AgResearch, Ruakura Research Centre

Secretary
Dr Michael Jameson
Consultant, Medical Oncology,
Regional Cancer Centre, Waikato Hospital

Assoc Prof Vic Arcus
Professor of Biological Sciences, University of Waikato

Dr Maggie Fisher
Renal / Specialist Physician, Waikato Hospital

Clinical Associate Professor Amanda Oakley
Dermatologist, Waikato Hospital

Finance Committee

Chair
Mr Ian Jennings, FIOD FNZIM

Mr Geoff McDonald
Partner Commercial Corporate Team,
Norris Ward McKinnon (Foundation Deputy Chairman)

Ms Rosanna Baird
Managing Director, Staples Rodway Waikato LP

Professor Frank Scrimgeour
Professor of Economics, Management School,
University of Waikato

Administration

Robyn Fenneman

Chairman's Report

Once again the Waikato Medical Research Foundation has had a very busy year, particularly in the light of our fundraising activities. We have also assessed a significant number of applications for support this year however once again, requests for research funding far exceeded our ability to fund.

We are most grateful that we have had valuable funding assistance during the year from the Waikato Branch of the Cancer Society, Grassroots Trust, Respiratory Research Sponsorship Fund (Waikato Hospital) and particularly from Trust Waikato.

With respect to our fundraising, we have developed teams of influence in various areas – a Corporate team of influence chaired by Peter De Luca, Tompkins Wake Hamilton, a Medical team of influence chaired by Drs Cam Buchanan and Linda Rademaker and we are now in the process of developing a Regional team of influence with the assistance of Peter Buckley (previous Chairman of Waikato Regional Council).

During the year it has been particularly gratifying to witness the response from senior medical staff at Waikato Hospital who by giving through the payroll system on a regular fortnightly basis have made a major contribution to our fundraising appeal.

The Trustees wish Professor Roy Daniel all the best in his retirement and thank him for his invaluable contribution over past years as a Foundation Trustee. His scientific knowledge has been hugely helpful particularly in his role as a member of the Grants Sub-Committee. We have invited Professor Vic Arcus from the Department of Biological Sciences at Waikato University to join us as a Trustee on the Foundation to replace Professor Daniel.

Finally, I would like to thank all the Foundation Trustees for the amount of time they have donated freely in terms of attending meetings, particularly those involved with the fundraising teams. Those I would particularly like to thank for going the extra mile in this regard are Dr Michael Jameson, our Deputy Chairman Geoff McDonald, and especially our Patron, Dr Peter Rothwell.

Our special thanks also to Robyn Fenneman, our Administrator, for her many hours of work relating to the Foundation and the fundraising appeal.

We look forward to the fundraising appeal providing us with increased funding that will allow us to significantly increase both the number and dollar value of projects we are able to fund over the years to come.

Dr Noel Karalus
Chairman

Report of the Grants Committee

This year, the WMRF received 12 applications requesting a total of $233,261. Though the number of applications was down on previous years, their standard was typically high, and a number of worthy applications were unable to be supported due to lack of funds. These applicants are encouraged to apply next year when, thanks to the productive efforts of the current fundraising initiative, more money will be available. With the providential support of Trust Waikato, Grassroots Trust, Waikato Bay of Plenty Division of the Cancer Society, and a research grant via the Respiratory Department at Waikato Hospital [Noel Karalus Respiratory Research Scholarship], nine applications were supported totalling nearly $174,117. This was the first year that funding for more than one year has been approved, and with the ongoing success of the current fundraising initiative, the Committee and Board are investigating a greater range of types of grant options for the future.

Applications supported proposed studies on: the quality of life of immediate and delayed breast reconstruction in women undergoing mastectomy and adjuvant radiotherapy for breast cancer; whether biofilm-forming ability influences the antimicrobial spectrum of Mycobacterium avium; identification of the optimal selenium (Se) compound for use with cancer therapies; the efficacy of a ketogenic diet in patients receiving chemoradiation for glioblastoma multiforme; the effect of hyperglycaemia on executive functioning and higher-level driving skills in people with type 1 diabetes; the genetics of hearing loss in the Waikato region; adults with newly diagnosed acute lymphoblastic leukaemia (part of a larger international trial, UK ALL 14); rural trauma in the midland region, New Zealand; and the development of MRI-safe implantable electrodes. Several grants support students and are cross -institutional.

I thank the Grants Committee (Maggie Fisher, Amanda Oakley, Roy Daniel, Michael Jameson and the WMRF Chairman, Noel Karalus) for reviewing, scoring and ranking the applications, and Ian Jennings for providing input from a financial viewpoint. A special thank you goes to the WMRF administrator Robyn Fenneman for gathering, organising and meticulously presenting the applications to the Committee and responding to applicants. A very special thank you goes to Roy who retired from the Board this year, for his valued contributions and support over the years.

Adrian Molenaar
Chair, Grants Committee

WMRF Funded Projects Grant Round 2014 – Total: $174,117 **Financial Assistance via Sponsorship Grants from Trust Waikato / Grassroots Trust, Waikato Bay of Plenty Division of the Cancer Society / Noel Karalus Respiratory Research Scholarship**	
• *A prospective Quality of Life study of Immediate and delayed breast reconstruction in women undergoing mastectomy and adjuvant radiotherapy for breast cancer (QLID Study)* Associate Professor Ian Campbell, Waikato Hospital, Hamilton	$23,280
• *Does "biofilm-forming ability" influence the antimicrobial spectrum of Mycobacterium avium?* Dr Ray Cursons, University of Waikato, Hamilton	$19,500
• *The effect of hyperglycaemia on executive functioning and higher-level driving skills in people with type 1 diabetes* Dr Joanna McClintock, Waikato Regional Diabetes Service, Hamilton	$21,009
• *Phase 1b pharmacokinetic (PK) and pharmacodynamic (PD) trial to identify the optimal selenium (Se) compound for use with cancer therapies* Dr Stephen Evans, Waikato Hospital, Hamilton	$30,000
• *Pilot study of a ketogenic diet in patients receiving chemoradiation for glioblastoma multiforme* Dr Michael Jameson, Waikato Hospital, Hamilton	$21,330
• *Investigation into the Genetics of Hearing Loss in the Waikato Region* Dr Linda Peters, University of Waikato, Hamilton	$15,000
• *UK ALL 14 : A Randomized trial for adults with newly diagnosed acute lymphoblastic leukaemia* Dr Humphrey Pullon, Waikato Hospital, Hamilton	$29,798
• *MRI-safe Implantable Electrodes* Professor Jonathan Scott, University of Waikato, Hamilton	$9,200
• *Rural Trauma In Midland Region, New Zealand* Dr Grant Christey, Waikato Hospital, Hamilton	$5,000

Summary of Funded Projects from Grant Recipients 2014

Grant #231 // Dr Ray Cursons, Senior Lecturer, University of Waikato

Does 'bio-film-forming ability' influence the antimicrobial spectrum of Mycobacterium avium?

Mycobacterium avium is an environmental bacterium that causes infection in children, aged adults or immunocompromised patients. Lung infections are most frequent and tend to affect adult patients with pre-existing lung disease. In children the most common manifestation is enlarged cervical lymph nodes. In immunocompromised patients *M avium* can cause both extrapulmonary and/or disseminated disease.

Treatment of infections is either by surgery, monotherapy with antibiotics, or a combination of both. Drug treatment of *M avium* lung disease is long, costly and often associated with drug-related toxicities. Cure rates of *M avium* pulmonary disease range from 50-70%. There are several reasons for failure of treatment and these include monotherapy treatment, permeability of the hydrophobic cell wall, biofilm formation and mutation of the bacterium to an antimicrobial resistance phenotype. *In vitro* drug susceptibility testing of *M avium* isolates remains the subject of much debate because there is no clear correlation between in vitro activity and the outcome of treatment *in vivo*. One possible explanation for this may be because of the formation of biofilms by *M. avium*, especially in respiratory infections. It is widely accepted that biofilms influence antibiotic sensitivities.

We proposed to test at least 50 clinical isolates of *M. avium* from both adult respiratory and paediatric cervicofacial lymphadenitis sites for "biofilm inducing genes" and to correlate the resulting genotypes with their *in vitro* antimicrobial sensitivities to at least four (clarithromycin, rifampicin, ethambutol, amikacin) different antibiotic combinations. We hypothesise that biofilms are more likely to occur in respiratory specimens and that respiratory isolates of *M avium* are likely to show greater resistance to antibiotics. The respiratory isolates will be from patients treated for disease, some of whom will be from relapse episodes and likely to show new resistance patterns. We also hypothesise that polytherapy using a combination of antibiotics, together with molecular testing of their antibiotic sensitivity patterns, will result in more meaningful drug sensitivities and thus higher cure rates in patients infected with *M. avium*.

Grant #229 // Associate Professor Ian Campbell, c/o Breast Care Centre, Waikato Hospital

A prospective Quality of Life study of Immediate & Delayed breast reconstruction in women undergoing mastectomy and adjuvant radiotherapy for breast cancer (QoLID Study)

Radiotherapy has a detrimental effect on outcomes from breast reconstruction for some women, especially for women undergoing implant based reconstruction. For this reason, some surgeons recommend delaying radiotherapy until after all adjuvant therapy is complete. This is a controversial issue with little good evidence to support the best approach.

The main aim of the study is to assess the quality of life and reconstruction outcomes from immediate & delayed breast reconstruction in women undergoing mastectomy and post-mastectomy radiotherapy for breast cancer. All recruited patients (immediate or delayed breast reconstruction or non-reconstructed patients) will be asked to complete questionnaires at set time frames throughout the study.

The questionnaires will assess quantitative & qualitative factors affecting quality of life throughout the treatment of their breast cancer and would assess whether breast reconstruction, timing of breast reconstruction, complications from surgery or adjuvant treatment regimes affect the patient's overall quality of life.

This is a pilot study and the Waikato centre aims to recruit a minimum of 50 patients. The duration of the study would be two years at minimum for recruitment and up to five years for completion of follow-up. Waikato Hospital is collaborating with the Royal North Shore Hospital and the Breast & Surgical Oncology Centre at The Poche Centre in North Sydney, in this first prospective cohort study in Australia and New Zealand, assessing the quality of life of these women.

Grant #235 // Dr Joanna McClintock, Consultant Psychologist, Waikato Regional Diabetes Service, Hamilton

The effect of hyperglycaemia on executive functioning and higher-level driving skills in people with type 1 diabetes

This project aims to investigate the effect of hyperglycaemia (high blood glucose levels) on executive functioning and higher level driving skills in young people with type 1 diabetes. Achieving adequate control of their diabetes is very difficult for young people because of biological and psychosocial factors and many experience chronic hyperglycaemia (high blood sugar levels). Hyperglycaemia has been demonstrated to impact negatively on executive functioning skills, which include the ability to use judgement, plan, anticipate consequences, problem-solve, and inhibit impulses. Executive functions play a key role in the complex and risky, yet everyday activity, of driving a vehicle. For example, hazard perception is a skill mediated by executive functions, and is a predictor of vehicle crashes. It is well known that young drivers are over-represented in vehicle crash statistics, due to a combination of inexperience and lack of maturity. Thus, young people with type 1 diabetes, have to manage the complex task of driving a vehicle at a time when their underlying metabolic status may be putting them at even greater risk of involvement in a crash. This project aims to examine the effect of hyperglycaemia on young driver's executive functions, and higher level driving skills. While New Zealand Transport Agency (NZTA) have clear guidelines about managing hypoglycaemia (low blood glucose levels) when driving a vehicle no such guidelines exist for managing hyperglycaemia. Hyperglycaemia is an almost unavoidable event for people with type 1 diabetes and therefore the impact on driving ability has important safety implications.

Adolescents (16-18 years) with type 1 diabetes who are patients of the Waikato Regional Diabetes Service will be recruited for the study. In addition to completing the demographic questionnaire, they will undergo assessments of cognitive functioning, including general ability, working memory, attention, visual motor skills and cognitive flexibility. Driving-related assessments will include self-report questionnaires and interactive video-based tasks to measure attentional errors and lapses, risk taking, hazard perception and situation awareness. Participants will be tested twice : during acute hypoglycaemia (>15mmol/L) and at target blood glucose levels (4 mmol/L – 9.4 mmol/L). Levels of glycosolated haemoglobin will also be assessed. Information about the participant's medical history will be obtained from their medical file and the Waikato Regional Diabetes Service database. The study will take place under clinical supervision at the Waikato Regional Diabetes Service. Comparisons will be made between participants' performance on the driving and executive function tasks during acute hyperglycaemia and at target blood glucose levels.

Findings from this study will inform the scientific health and safety community about the impacts of hyperglycaemia on cognitive functioning, and more specifically the impacts on an everyday risky activity like driving. As far as we know, this will be the first study examining these important health related relationships in young people. The results may lead to guidelines to help inform health care practitioners about ways in which young patients should be educated about the impacts of diabetes on their driving. Additionally, it will add to the literature on risk factors for vehicle crashes in young people with a chronic illness and will complement the education required to increase knowledge and awareness of driving risk.

Grant #236 // Dr Linda Peters, Senior Lecturer in Molecular Biology, University of Waikato

Investigation into the Genetics of Hearing Loss in the Waikato Region

The global investigation into understanding how the human genome directly affects our development and health is essential for future diagnoses and treatment. Hearing loss is a common sensory disorder caused by environmental and/or genetic factors. Currently, genetic analyses have identified 82 differential genes responsible for human hereditary hearing loss. My interest in understanding the genetics of hearing loss led to the discovery of a new candidate, grainyhead-like 2 (GRHL2). This gene was demonstrated to be responsible for age-related hearing loss in a large North American family.

The aim of this research project is to investigate the genetics of hearing loss in the New Zealand population. It has been demonstrated that Maori are significantly over represented in the deaf or hearing impaired community, and to date, no data on the responsible genetic causes have been published. We aim to identify families with hearing loss in the Waikato region to determine which genes are responsible, using DNA sequencing methodologies. The identification of new genes or new mutations in known genes will provide insight and linkages back to the global population, allowing new approaches for the prevention and treatment of hearing loss such as developing new therapeutic drugs.

The funding will directly support a Masters student and a summer research student, who will acquire a range of laboratory techniques that will also build human disease research capability in New Zealand.

The University of Waikato has a strong and supportive research environment that will enable the success of this project.

Past Grant Recipients
Final Reports and Findings 2011 – 2013

Grant #184 2011 // Dr Nicola Anstice, Associate Professor Ben Thompson, Dr Deborah Harris and Professor Jane Harding

Vision and visual processing in children who experienced neonatal hypoglycaemia

Background

Neonatal hypoglycaemia is a common metabolic condition in newborns which is believed to affect 5-15% of infants in the first week of life (Cornblath and Naeye 1965; Harris, Battin et al. 2009; Harris, Weston et al. 2009). While mild hypoglycaemia may represent normal metabolic adaptation to life outside the womb, severe hypoglycaemia has been associated with reduced intelligence, mental retardation, cerebral palsy, motor development deficits, seizures, visual impairments and learning difficulties. Despite being common, little is known about the long-term consequences of neonatal hypoglycaemia and controversy exists around the definition of low blood glucose in infants, significance of acute symptoms and management. The over-arching aim of the Children with Hypoglycaemia and their Later Development (CHYLD) study was to determine the impact of neonatal hypoglycaemia on development at two- and 4½-years of age. In particular, this grant supported the investigation of vision and visual processing in a large cohort of children who were all born at risk of developing neonatal hypoglycaemia.

Retrospective studies have demonstrated that severe neonatal hypoglycaemia can cause abnormal visual development, but the effect of moderate hypoglycaemia on vision and visual processing was unknown. This grant supported work on the investigation of visual development in a large cohort (n = 403) of children who were all born at risk of neonatal hypoglycaemia as part of the CHYLD study.

A number of studies have found that the dorsal visual stream, which is responsible for the detection and processing of motion, may be particularly vulnerable to developmental disorders. Therefore global motion processing, a function primarily mediated by this pathway, was explored as part of this study as it was postulated that motion detection may provide a sensitive marker for any effect that neonatal hypoglycaemia had on cortical visual development.

Conclusions

The method developed for measuring global motion processing for this thesis, using involuntary OKR eye movements, avoided the need for behavioural responses for participants. This method was validated in adults and health (control) two year old children and these validation studies showed that OKR-derived motion thresholds provide a valid and highly repeatable measure of motion processing. When this method was applied to a large cohort of children (CHYLD study participants) it was found to have a high success rate that was comparable to the testability of many standard age-appropriate optometric tests.

The CHYLD study found that neonatal hypoglycaemia, which was treated according to clinical guidelines in place at the Waikato hospital, had no significant effects on vision or visually processing at two-years of age. The results of this study provide clinicians with reassurance that the current management of newborns found to have a blood glucose level of < 2.6mmol/L appears to negate any potentially harmful effects hypoglycaemia may have on vision. Data collection is currently taking place for the CHYLD study participants at age 54-months to further assess the long-term outcomes of neonatal hypoglycaemia. Further research will provide stronger evidence-based guidelines for the clinical management of this common neonatal disorder and will help improve outcomes for children at risk of adverse effects.

Grant #191 2011 // G Y Meyer-Rochow, JV Conaglen, MS Elston

Assessment of Mitochondrial Morphology using Electron Microscopy for SDHB Germline Mutation Associated Phaeochromocytomas

Background

Phaeochromocytomas are neuroendocrine tumours arising from chromaffin tissue. Although the majority are benign they are all potentially lethal due to the episodic secretion of large quantities of catecholamines (adrenaline and noradrenaline). These tumours are recognised to be highly vascular and metabolically active and contain cells densely packed with mitochondria. Succinate dehydrogenase (SDH) is an enzyme bound to the inner membrane of mitochondria. Succinate dehydrogenase subunit B (SDHB) germline mutations are associated with the development of phaeochromocytomas and paragangliomas and have a higher incidence of malignant disease than sporadic or the other familial phaeochromocytomas/paragangliomas.

Mitochondria have been implicated in the development of other tumour types however there have been few reports of regarding the ultrastructure of mitochondria in phaeochromocytomas and no previous studies determining whether SDH mutation-associated phaeochromocytomas demonstrate abnormal mitochondrial morphology. Given the close relationship of the SDH enzyme with mitochondria, we hypothesise altered mitochondrial morphology occurs in tumours from patients with SDHB germ line mutations.

Research Design

Electron microscopy (EM) was used to evaluate mitochondrial morphology on phaeochromocytoma tissue samples collected prospectively and preserved in Glutaraldehyde from 5 patients with SDHB germline mutations and from 5 patients with phaeochromocytomas without an SDHB germline mutation against the mitochondria from normal tissue (adrenal medulla).

Results

At the conclusion of the study 2 samples of normal adrenal medulla were collected (one from a patient with Conn's syndrome the other from a non-functioning adenoma), 5 SDHB associated tumours (2 from the same patient) and 4 other phaeochromocytoma (2 sporadic, 1 neurofibromatosis, 1 MEN2B). Electron microscopy revealed features consistent with active neurosecretory cells but no specific features that differentiated the mitochondria of SDHB associated phaeochromocytomas with either the normal adrenal medulla or other phaeochromocytoma tissue samples.

Conclusion

This study did not demonstrate any Electron Microscopic mitochondrial features in SDHB associated phaeochromocytomas that could differentiate from normal adrenal medulla or other phaeochromocytoma types. Thus EM is not a useful screening tool for the presence of an underlying SDH germline mutation.

Financial Statements for the year ended 31 May 2014

The following financial statements provide an excerpt from the audited financial statements. The unqualified audit report was completed by Mark Campbell of Campbell and Campbell Accounting Consultants.

Statement of Financial Position as at 31 May 2014

	2014	2013
	$	$
Accumulated Funds	**$2,092,238**	$1,846,941
Represented by:		
Current Assets		
Cash at Bank	**1,184,174**	829,295
GST Refund Due	**2,996**	6,750
	1,187,170	836,045
Investments		
Term Deposits	**652,870**	549,587
NZ Fixed Interest	**149,480**	363,422
NZ Listed Property	**105,274**	104,611
NZ Equities	**9,367**	-
Australian Investments	**171,045**	145,921
American Investments	**7,943**	8,678
British Investments	**1,071**	994
	1,097,050	**1,173,213**
Total Assets	**2,284,220**	2,009,258
Current Liabilities		
Accounts Payable	**15,916**	11,667
Grants Payable	**174,117**	147,900
Related Party Payable	**1,949**	2,750
	191,982	**162,317**
Net assets	**$2,092,238**	$1,846,941

Statement of Movements in Equity for the year ended 31 May 2014

	2014	2013
	$	$
Accumulated Funds		
Opening balance as at 1 June 2013	**1,846,941**	1,322,504
Plus: Net Surplus/(Deficit)	**245,297**	524,437
Closing Balance as at 31 May 2014	**$2,092,238**	$1,846,941

Financial Statements for the year ended 31 May 2014

The following financial statements provide an excerpt from the audited financial statements. The unqualified audit report was completed by Mark Campbell of Campbell and Campbell Accounting Consultants.

Statement of Financial Performance for the year ended 31 May 2014

	2014	2013
	$	$
Income		
Dividends	**12,298**	11,648
Donations – Appeal	**283,256**	574,000
Donations – Trust Waikato	**65,000**	65,000
Donations and Grants	**144,209**	26,260
Grants refunded	**-**	1,700
Interest – Appeal Funds	**30,513**	20,024
Interest – Investment Funds	**48,821**	55,669
Unrealised gain on investments	**-**	26,866
	584,097	781,167
Expenditure		
Accounting fees	**8,107**	6,037
Administration expenses	**20,539**	11,687
Advertising and promotion expenses	**3,925**	2,954
Audit fee	**2,993**	2,779
Foreign exchange loss	**1,228**	1,925
Fundraising expenses	**90,300**	95,670
Grants	**188,117**	123,190
Loss on realisation of investments	**9,350**	4,936
Portfolio management fees	**5,338**	5,391
Printing, stationery and postage	**1,597**	2,161
Unrealised loss on investments	**7,306**	-
	338,800	256,730
Net surplus/(deficit)	**$245,297**	$524,437

Waikato Medical Research Foundation History

In 1986 the Waikato Medical Research Foundation (Inc) was established and incorporated to promote, encourage and sustain medical research in the Waikato Region. At the time, Professor Michael Selby explains:
The aim was to undertake research that would be of benefit to the Waikato. Obviously we were hoping that the research would have wider applications than the Waikato. Inevitably, if you make any advances, the very nature of scientific work is that it gets published, and therefore you hope that the benefit will be widespread and therefore the people of the Waikato would benefit along with everybody else – that was the aim. So, we did put emphasis on publication, and therefore, of course quality – so that was part of the initial requirement.

The Waikato Medical Research Foundation has been established to enable ethical medical research to take place within the region. Medical Research will benefit everybody, and it warrants the support of all citizens.

In forming the Foundation, and going to the general public in the early years of fundraising, it stressed the importance that this is a local body. When initially formed, The foundation stressed to members of the general community in Hamilton and outlying areas that there were medical or health problems specific to the Waikato area, and that it was important to have a locally administered fund – and now 25 years on, the purposes of this Foundation are still as it was when initially formed.

The Trust was founded in 1986 with a capital pool of $1m.

"The legacy of the past is the seed that brings forth the prosperity of the future"

Board of Trustees (1986)
Standing (left to right) Denis Jury, Andrea Donnison, Don Llewellyn, Ross McRobie
Sitting (left to right) Ken Mackay, John Gillies, Michael Selby, Brian Smith, James Grace

WAIKATO MEDICAL RESEARCH FOUNDATION
Discovery, Innovation, Progress.

Those who signed the Trust Deed in 1986 were:

Charles Beresford, Physician, Waikato Hospital,

John Gillies, Paediatrician, Waikato Hospital,

Jack Havill, Anaesthetist, Waikato Hospital,

Jim Grace, Solicitor,

Dryden Spring, a company director,

Michael Selby, Professor at the University of Waikato,

Jack Wilson, Head of TECH,

David Braithwaite, a company director,

Brian Smith, a chartered accountant and

Valerie O'Sullivan of Matamata.

To our Donors – Thank you

The Trustees of the Foundation wish to thank all who have generously donated since our inception in 1986. From 1986 to 2014, the Foundation has supported researchers in the following institutions:

Waikato District Health Board	$1,066,633
University of Waikato Faculty of Medical Health Sciences	$485,886
University of Auckland – Waikato Clinical School	$349,379
AgResearch	$589,307
Polytech	$41,310
Private researchers	$172,719
Totalling:	$2,705,234

Without your generous donations, the Foundation would not have been able to support 25+ years of research in the Waikato.

Donation Form

This form can be downloaded from our website: www.wmrf.org.nz
I wish to make a donation to the Waikato Medical Research Foundation

Please tick one :

O $50 O $100 O $200

O $500 O $1000 O $2000 Other (Amount $_____)

O I enclose a cheque made out to: Waikato Medical Research Foundation

O I have made a direct payment to WMRF Bank Account: Westpac 030 306 0208170 01
(Please include your name as reference for the payment)

O Please send me a receipt

As we are registered with the Charities Commission (Charities Commission No: CC20443), all donations to Waikato Medical Research Foundation over $5.00 are tax rebatable.
Please complete your details and post / fax for a receipt.

Name of donor: _____

Address: _____

Daytime telephone: _____

For future contact, we would like to e-mail interested parties, and if you wish to receive information from us, please complete below:
Email address: _____

WAIKATO MEDICAL RESEARCH FOUNDATION
Discovery, Innovation, Progress.

Post to: Private Bag 3200, Waikato Mail Centre Hamilton 3240
Phone: (07) 839 8750 **Fax:** (07) 839 8712
Email: wmrf@waikatodhb.health.nz
Web: www.wmrf.org.nz

WAIKATO MEDICAL RESEARCH FOUNDATION

Discovery, Innovation, Progress.

Private Bag 3200, Waikato Mail Centre Hamilton 3240
Phone: 07 839 8750 **Fax:** 07 839 8712
Email: wmrf@waikatodhb.health.nz
Web: www.wmrf.org.nz