**SHORT TERM SCIENTIFIC MISSION (STSM) SCIENTIFIC REPORT*\****

**This report is submitted for approval by the STSM applicant to the STSM coordinator**

**COST Action no: CA19145**

**STSM title:**

**STSM start date:**

**STSM end date:**

**Describe the objective(s) of the STSM:**

(max. 200 words)

**Grantee name:**

\*Each successful STSM grantee will have identified an output report, agreed by the STSM committee, which will need to be completed in full and to the required standard before receiving full reimbursement of expenses. Each STSM grant needs to be completed in its entirety within the single grant period.

**Description of work carried out**

(max. 500 words)

**Description of the main results obtained**

(max. 500 words)

**Publications and Future collaborations (if applicable)**

(max. 500 words)