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| Application no: | Arrived: | |
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Application for Scandiatransplant Research Grant

1. Study title

2. Aim of the study and a short description.

A short summary, including aim, methods, implementation and scientific value of the study.

Max 300 words.

3. Principal investigator

A person who is responsible for communication with Scandiatransplant

Name:

Title:

Job:

Hospital/ department:

Address/telephone/fax:

E-mail:

4. Co-investigators:

| | | |
|--------------|------------------|---------------|
| Name: | Hospital: | Title: |
| | E-mail: | |
| Name: | Hospital: | Title: |
| | E-mail: | |
| Name: | Hospital: | Title: |
| | E-mail: | |
| Name: | Hospital: | Title: |
| | E-mail: | |

5. Accounting management

Person/company:

Address:

Telephone/Fax number:

E-mail:

6. Budget plan for the project period

Please state the amount in €

| <u>Cost detail</u> | <u>Scandiatransplant funding</u> | <u>Other funding</u> | <u>Total cost</u> |
|--|----------------------------------|----------------------|-------------------|
| Salaries (and related expences) | | | |
| Name: | | | |
| Name: | | | |
| Name: | | | |
| Laboratory expenses | | | |
| Administrative costs | | | |
| Travel expenses | | | |
| Other | | | |
| Total | | | |

7. Appendix A:

Project description

Should not exceed 10 pages, including bibliography (1.5 line spacing, 12 point Times/Times New Roman or similar)

The project description shall explain the following and be divided into the following sections:

- a. State of the art and expertise
- b. Objectives of the project and originality
- c. Methodology, work plan and timescale
- d. Co-operation
- e. Contribution of doctoral and master's degree students to the project
- f. Proposed impact
- g. Propose publication of results

8. Appendix B:

Curriculum vitae

CV for the principal investigator. Please state studies and career, in addition to a list of publications during the past 5-10 years.

9. Signatures

The principal investigator and all other co-proposers shall sign this.

Signature of principal investigator

Place and date:

Signature:

Name in print:

Signature of Co-proposers

Place and date

Signature:

Name in print:

Place and date

Signature:

Name in print:

Place and date

Signature:

Name in print

Please send the application by e-mail to: scandiatransplant.office@rm.dk