

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:

<b>Name:</b>	<b>Hospital:</b>	<b>Title:</b>
	<b>E-mail:</b>	
<b>Name:</b>	<b>Hospital:</b>	<b>Title:</b>
	<b>E-mail:</b>	
<b>Name:</b>	<b>Hospital:</b>	<b>Title:</b>
	<b>E-mail:</b>	
<b>Name:</b>	<b>Hospital:</b>	<b>Title:</b>
	<b>E-mail:</b>	

## 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>
<b>Salaries (and related expences)</b>			
Name:			
Name:			
Name:			
<b>Laboratory expenses</b>			
<b>Administrative costs</b>			
<b>Travel expenses</b>			
<b>Other</b>			
<b>Total</b>			

## 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](mailto:scandiatransplant.office@rm.dk)**