|  |  |  |
| --- | --- | --- |
| Application no: | Arrived: |  |

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 €**

**Cost detail Scandiatransplant funding Other funding Total cost**

**Salaries (and related expences)**

**Name:**

**Name:**

**Name:**

**Laboratory expenses**

**Administrative costs**

**Travel expenses**

**Other**

**Tota**l

**7. Signatures**

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

**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**

**Signature of principal investigator**

**Place and date:**

**Signature:**

**Name in print:**

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