

APPLICATION FORM

ASTELLAS TRANS(P)LA(N)T(AT)IONELE RESEARCH PRIZE

Deadline for applications: February 1st

Max. 2 pages

Investigator(s) <i>(should be member of the NTV)</i> (Name(s))	
Hospital/Institute	
Address	
E-mail	
Telephone number	
Study Title	
Brief Summary	
Study objectives	Primary outcomes
	Secondary outcomes
Description of (expected) scientific/clinical value	

Planned number of patients (if applicable)	
(estimated) Start of the project/first patient first visit	
(estimated) End of the project/ last patient last visit	
End of study report/publication anticipated	
Additional comments	
References	
Estimated budget (if applicable)	

Signature:

Date:

Please send this application form to:

Nederlandse Transplantatie Vereniging
 Postbus 6235
 2001 HE HAARLEM
 E-mail: secretariaat@transplantatievereniging.nl

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