APPLICATION FORM

ASTELLAS TRANSPLANTATIE RESEARCH AWARD

Deadline for applications: January 3rd, 2026

**Max. 2 pages**

|  |  |
| --- | --- |
| Investigator(s) *(should be member of the NTV)*  (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:

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***Please send this application form to: secretariaat@transplantatievereniging.nl***

Nederlandse Transplantatie Vereniging

p.a. Erasmus MC Transplantatie Instituut

Gebouw: NA Kamer: 2217

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