**Transfusion Medicine Research Program Support Award**

**2017 Registration Form**

# Overview

**Applicants must register for the Transfusion Medicine Research Program Support Award competition to be eligible to submit a Full Application.**

Applicants are advised to review the Canadian Blood Services’ Transfusion Medicine Research Program Support Award Guidelines to ensure alignment of their proposed project with the program objectives and eligibility criteria.

An administrative review of the Registrations will be performed by Centre for Innovation staff to assess that basic eligibility criteria have been met. Information provided in the Registration Form will be used to assist with peer review planning.

The completed Registration Form must be delivered to Canadian Blood Services

**by midnight March 5 2017.**

# Instructions

It is the Primary Applicant’s responsibility to ensure that all documents are delivered by the deadline. No late submissions will be accepted.

All documents must be delivered **by email** **to** [centreforinnovation@blood.ca](mailto:centreforinnovation@blood.ca).

**Complete the Registration Form**,ensuring that all fields are complete, including the required signature, before submitting. **Identified page and space limitations must be adhered to**. Sections of the form that exceed the identified limits will not be considered.

No appendices may be added to the Registration Form.

# Section A: General Information

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| **PROGRAM** | | |
| Program Name: |  | |
| **PRIMARY APPLICANT** | | |
| Family Name: |  | |
| Given Name(s): |  | |
| Title: |  | |
| Institution: |  | |
| Phone: |  | |
| Email: |  | |
| **ACADEMIC INSITUTION AFFILIATION** | | |
| Position: | |  |
| Academic Institution: | |  |

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| --- | --- |
| **BUDGET ESTIMATE**  Provide a budget estimate for the five (5) year duration of the grant. Note that the maximum five-year budget that can be requested is $1,150,000 ($230,000 per year). | |
| Estimated budget: | $ |

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| **AGREEMENT** |
| The undersigned agrees that the general conditions governing the Transfusion Medicine Research Program Support Award, as set out in the Guidelines, are accepted by the Primary Applicant on behalf of the Program.  Signature: |
| Primary Applicant |
| Name:  Date: |

# Section B: Research Strategy and Vision

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| **OVERVIEW** |
| **In the space below**, provide an overview of the broad goals and research strategy of the established transfusion medicine research program and its anticipated impact on transfusion clinical practice. Describe at a high level how the Program Support Award will facilitate the execution of the strategy. |
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# Section C: External Reviewers

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| **SUGGESTED EXTERNAL REVIEWERS** | | | |
| Suggest at least three (3) Canadian and/or International reviewers that you feel have the expertise to review your application. | | | |
| **Name**  **(Last name, first name)** | **Email Address** | **Institution** | **Area of Expertise** |
|  |  |  |  |
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|  |  |  |  |

*Insert rows as needed.*

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| **REVIEWERS TO EXCLUDE** | |
| Provide the names of individuals that you feel cannot provide an objective review of your application. | |
| **Name (Last name, first name)** | **Institution** |
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*Insert rows as needed.*