International Association of Chinese Nephrologists (IACN)

Research Grant Application Form

Project Title: ____________________________________________________________

Principal Investigator: ____________________________________________ (Name and Title)

Affiliation: __________________________________________________________

Postal Address: ________________________________________________________

___________________________________________________________

Contact Telephone: ________________ FAX: ________________________

E-mail address: ______________________________________________________

Amount of Grant applied for: HKD $____________________

Duration of Study: ______________________ (months)

Name of body of financial arrangement: ______________________________

Approval requirement:

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<th>Approval not required</th>
<th>Approval being sought</th>
<th>Approval available</th>
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<td>Laboratory safety</td>
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Signature: ____________________________ Date:__________________________