

# 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:

	Approval not required	Approval being sought	Approval available
Clinical research ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal research ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_