



Date:

Applicant:



**SERVIER / International Union of Phlebology -
Union Internationale de Phlébologie (UIP)
Fellowship 2019-2021
Deadline February 28, 2019**

R e s e a r c h G r a n t A p p l i c a t i o n

1. Applicant

Name: Mr Ms Mrs

Degree(s):

Age:

Institution name:

Institution address:

Professional phone number:

Professional e-mail:

2. Title of Proposal

3. Total budget requested

25 000 Euros (fixed budget)

4. Responsible financial officer

to whom funds should be sent, and who will keep a full account of disbursements:

Name: Mr Ms Mrs

Title:

Address:

Professional phone number:

Professional e-mail:

Grant payable to:

**Certification: we the undersigned certify that this information is accurate and complete
to the best of my knowledge and accept the terms and conditions of the UIP.**

Signature of the applicant:

Signature of the administrative official:

**Once completed, please forward this file with your synopsis + CV + letter from your referee
to Marianne De Maeseneer, coordinator of the project mdmaesen@gmail.com**



Date:

Applicant:



5. Scientific abstract

Please do not exceed 1 page, structuring the abstract into **"Title"**, **"Aim"** and **"Methodology"**.



Date:

Applicant:



6. Biographical Sketch

Date and Place of Birth:

Home Address:

City:

Country:

Phone number:

E-mail:

Education

Name/Location of College or University:

Highest Degree:

Year Conferred:

Field of Study:

Research and/or Professional Experience

Starting with your present position, list in reverse chronological order previous employment, experience, and honors. List in reverse chronological order the title and complete references to all publications during the past three years and to representative earlier publications pertinent to this application.


Please see the following pages: 3 maximum



Date:

Applicant:






A large, empty rectangular box with a black border, intended for the applicant to write their name and other details. A small pen nib icon is located in the top-left corner of the box.



Date:

Applicant:






A large, empty rectangular box with a black border, intended for the applicant to provide their details or a signature.



Date:

Applicant:





A large, empty rectangular box with a thin black border, intended for the applicant to write their name and other details.



Date:

Applicant:




7. Is support for this project being sought elsewhere?

Yes

No

If yes, from where? List below the titles of the project(s), total funding requested, and specify areas where there are overlaps in budget requests. Please also indicate the expected starting date for funding.

NB. If full funding is not obtained, Servier reserves the right to withdraw its contribution to the proposed research.





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8. Does the project involve human experimentation?

Yes

No

If yes, the applicant must provide a copy of the local ethics committee's approval, confirming compliance with the ethical standards laid down in the Helsinki Declaration amended in October 2008 (available on www.wma.net).

LINK: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

A. Is a copy of approval by the local ethics committee attached to this application?*

Yes No

B. If not, indicate the date of anticipated approval at which time a copy will be forwarded:

9. Does the project involve animal experimentation?

Yes

No

If yes, the applicant must provide a copy of a statement that the project will be carried out according to "Good Laboratory Practice for Nonclinical Laboratory Studies" (Chapter I of Title 21 of the Code of Federal Regulations; Last updated edition of 4-1-2017) and according to national law, if applicable.

LINK: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?CFRPart=58>

A. Is a copy of the statement attached to this application?*

Yes No

B. If not, indicate the anticipated date when a copy will be forwarded:

*** please note: if funded, payments will not be sent until the appropriate approval/statement has been received.**

10. Budget

UIP/SERVIER Research Grants are worth the fixed amount of 25 000 Euros.

Budget Category	Role in project	% effort on project	Salary request for this project*	TOTAL (Euros)
Staff (name)				
Staff (name)				
Staff (name)				
Staff (name)				
Staff (name)				
Supplies	<i>description</i>			
Medical equipment	<i>please specify</i>			
Consultant contractual costs				
Other costs	<i>please describe</i>			
TOTAL BUDGET REQUEST				25 000 EUROS

*including social security contributions, fringe benefits



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COVER PAGE FOR RESEARCH PLAN

11. Research Plan

This section should be completed by the principal investigator (applicant). The research plan **must not exceed 12 pages** in addition to this cover page. The narrative sections should be typewritten, double spaced, and in type no smaller than 10-point font, and have no more than three vertical lines per vertical cm according to the outline below. Please note that the UIP requires a maximum of 12 pages including all figures and tables. References and letters of collaboration are not included in the 12-page limit. Complete information should be included to permit review of each application without reference to previous applications. **No additional material (such as manuscript reprints etc.) will be accepted.** The principal investigator should prepare the research plan according to the suggested outline as much as possible. ***(Please use this page as your signed cover page to the research plan. Consecutively number continuation pages.)***

- a. Introduction
 1. Objective
 2. Background and current status of research in the proposed field of study that has led to this proposal
 3. Rationale behind the proposal
 - b. Specific aims for the period of requested support
 - c. Methods of procedure for the experiments and proposed work
 - d. Significance-importance of this work to the scientific community
 - e. Facilities available
 - f. Preliminary data
- All the information (a-f) must be incorporated in the 12-page limit without exception
- g. Collaborative arrangements (a letter of confirmation from each collaborator is required)
 - h. References (no page limit)
 - i. Appropriate institutional review board and/or animal care and use committee approval forms
 - j. Abstract pages from all other sources of support (pending or current)
 - k. Principal investigator assurance: The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and agrees to all terms and conditions of the Servier/UIP Research Fellowship.

Date:

Principal investigator (Applicant) signature: