



# ACCESS TO INSIGHT

Supporting global haemostasis research

## Novo Nordisk Access to Insight Grants & Awards Programme Clinical Research Grant

This application form must be completed in full for you to be considered for the funding of the Novo Nordisk Access to Insight Grants & Awards Programme. An application will be considered for review by the Core Faculty members only if it is submitted with the requested documents, i.e. cover letter, curriculum vitae, and project description. The one-page cover letter should include a description of why you are applying, the research topic, and why you believe your research topic is important. Applicants are eligible to apply only if they will carry out the project at an institution, and if they have that institution's agreement to do so. Funding will be transferred to the institution and not to the applicant.

### 1. Personal data

#### 1.1 Name of applicant

Title

First name

Middle name

Last name

#### 1.2 Date of birth

#### 1.3 Qualifications

Date obtained

### 2. Applicant's institution

#### 2.1 Institution/organisation

#### 2.2 Institution address

Street

City

State

Postal code

Country

#### 2.3 Phone (country code, area code, extension)



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**2.4 Fax**

**2.5 Email**

**2.6 CVR number or similar identifier**

### **3. Official approval by applicant's institution/organisation**

**3.1 Name**

**3.2 Title**

**3.3 Address**

Street

City

State

Postal code

Country

I hereby agree with the candidate's proposed funding, if successful, and that the project can be performed in this institute.

Signature

Date

Applicant: I understand and confirm that this project is not considered as investigator initiated trial.

Applicant's signature

Date

Applicant: I certify that the statements in this application are true, complete and accurate to the best of my knowledge. By signing, I agree that, if my application is successful, I will conduct the research according to scientific and ethical standards, I will complete the research in a timely manner, and I will provide progress reports whenever requested.

Applicant's signature

Date

Supervisor of applicant: I certify that the statements in this application are true, complete and accurate to the best of my knowledge.

Applicant's supervisor's signature

Date



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**Access to Insight Grant project title**

**Clinical Research**

Start date

End date

**Project description** (limit 1000 words; no tables, figures, references, etc. permitted)

Please include: title, co-investigators (name, affiliation), specific aims, planned timelines, background and rationale, material and methods, expected results, study hypothesis, planned publication, future research direction linked to project proposal.

[Please attach on a separate sheet if necessary. Please do not attach any additional material besides a maximum of two manuscripts (published or in press).]



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## Budget estimate

Please list the total budget, and detail the costs for which funding from Novo Nordisk is requested

**Funding requested from Novo Nordisk:** \_\_\_\_\_ € (maximum)

**Total budget:** \_\_\_\_\_ €

- Personnel: \_\_\_\_\_ €
- Facilities: \_\_\_\_\_ €
- Equipment/supplies: \_\_\_\_\_ €
- Other additional expenses, please specify: \_\_\_\_\_ €

## Financial support from other sources

- I have received support from: \_\_\_\_\_ to the amount of \_\_\_\_\_ €
- I will receive support from: \_\_\_\_\_ to the amount of \_\_\_\_\_ €
- I have applied for support from: \_\_\_\_\_ to the amount of \_\_\_\_\_ €

**Have you received any financial or in-kind support from Novo Nordisk within the last twelve months? If yes, please specify:**

**Expected date of payment**

**Additional comments** (maximum 50 words)

Please send the signed and completed form together with a cover letter and a curriculum vitae (max. 2 pages) containing education, positions and publications as email attachments to [application@access-to-insight.com](mailto:application@access-to-insight.com) by the submission deadline. Thank you!