

SSBMT HEMATOLOGY RESEARCH AWARD

NOMINATION FORM

Are you the first author Yes No (Need to submit official designation from the first author)

PERSONAL INFORMATION:

| | |
|--------------|----------------------|
| Full name: | <input type="text"/> |
| Position: | <input type="text"/> |
| Institution: | <input type="text"/> |
| Email: | <input type="text"/> |
| Mobile no.: | <input type="text"/> |

DISCIPLINE (Please choose one below)

- Clinical Hematology
- Hematopathology
- Basic research with direct impact on Hematology
- Stem Cell Transplantation
- Hematology Nursing

Please answer the following questions:

1. Has it been published? If yes, please submit a copy of the manuscript.
2. In which journal?
3. Indicate the impact factor of the journal?
4. Has it been presented in a conference or meetings? If yes, which meeting? (Please state location and date)
5. Does the affiliation statement include SSBMT? If yes, include copy of the paper (or the abstract) of the presentation.
6. Any related patency submission or application?
7. Impact to healthcare, please describe.