

ASCLS SCIENTIFIC RESEARCH AWARD

APPLICATION FORM (ASCLS MEMBERSHIP REQUIRED FOR ELIGIBILITY)

1. Title of Scientific Project:

2. Enclosed is: (check all that apply)

a copy of the presentation: _____

an example of the presentation: _____

3. Names, addresses and ASCLS member numbers of persons submitting application:

(Name) (Address, city, state, zip) (ASCLS#)

(Name) (Address, city, state, zip) (ASCLS#)

(Name) (Address, city, state, zip) (ASCLS#)

(Name) (Address, city, state, zip) (ASCLS#)

If more than one person is participating in a single entry, indicate who will represent the group at the ASCLS annual meeting.

4. Explain in fewer than 300 words the impact of this project on patient care and current laboratory science practice. Verify in your description that the project represents work done within the past two years.

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5. If published information is not available, submit a synopsis of the project, not to exceed ten double spaced typewritten pages, signed by all contributors to include:

- Title
- Contributor names and affiliations
- Abstract
- Introduction (description and/or purpose)
- Materials and methods
- Results (include any figures and/or tables)
- Discussion and conclusion
- References
- Other materials as necessary to evaluate the project

7. Submit the completed application form, synopsis and/or published information to the ASCLS committee contact, postmarked by **February 15**.