 A logo for a medical service

Description automatically generated

# Canadian Blood Services Dana Devine Award Application Form

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| Name: | | | |
| Mailing Address: | | | |
| City: | Province: | | Postal Code: |
| Phone Number: | | Email Address: | |

PhD & Postdoctoral Studies

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| Field of Research: | | |
| University/Institution Name: | | |
| Department: | Supervisor: | Date of Completion: |
| Field of Research: | | |
| University/Institution Name: | | |
| Department: | Supervisor: | Date of Completion: |
| Field of Research: | | |
| University/Institution Name: | | |
| Department: | Supervisor: | Date of Completion: |

Abstract Submission

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| Title of Abstract: |
| Submission Date: |

Nomination Information – names of persons submitting your nominations

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| Current Research Supervisor: |
| CSTM Member: |

Submit this application form, a copy of your CV, and a cover letter to [*pastpresident@transfusion.ca*](mailto:pastpresident@transfusion.ca)*.* The cover letter should provide information about yourself, your key contributions to the field of transfusion science related to transfusion medicine, blood banking, and/or blood biotherapies and how this award may support you in achieving these goals.

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| Applicant Signature: | Date: |