 

# 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**.* 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: |