

Please send back by E-Mail to: info@biobank.uni-luebeck.de

APPLICANT		Stamp of Institution:
Titel, First Name, Surname:		
Institution:		
Department:		
Phone:	Fax:	
Email:		

INFORMATION ABOUT THE RESEARCH PROJECT			
Title of funded Project:			
Funding Institution:	<input type="checkbox"/> DFG	<input type="checkbox"/> BMBF	<input type="checkbox"/> Uni-intern
	<input type="checkbox"/> Foundation:		<input type="checkbox"/> Industrial:
			<input type="checkbox"/> Other:
Period of Funding:			
Ethics:	<input type="checkbox"/> available,	Valid until:	No:
	<input type="checkbox"/> not available		

SHORT DESCRIPTION OF THE PROJECT incl. SPECTRUM OF METHODS	

City, Date

Signature