**Submission to Mölnlycke’s IIS dissemination grant application**

Send the completed form to: InvestigatorInitiatedStudies@molnlycke.com

Information to be completed for IIS dissemination grant application

**Contact Details**

|  |  |
| --- | --- |
| Completed by  |  |
| Investigator name  |  |
| Name of institution  |  |
| Address  |  |
| Telephone  |  |
| Email  |  |
| Have you had discussions about your research with a Mölnlycke representative ahead?  | *If so, please list the name(s) of the person(s). In this way, we will make sure to align with the named person(s) to facilitate streamlined communication with you.* |

**Dissemination information needed**

|  |  |
| --- | --- |
| Study title |  |
| Please describe the nature of funding request: Statistical analysis, Medical writing, Publication fee, travel fee to congress |  |
| Accepted at congress  |  |
| Date of congress  |  |
| Submitted to journal  |  |
| Date of submission  |  |
| Publication fee (euro) |  |
| Requested support (euro)  |  |