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YOUNG INVESTIGATOR EXCHANGE PROGRAM
OF THE
INTERNATIONAL PEDIATRIC RESEARCH FOUNDATION

LABORATORY DESCRIPTION APPLICATION

Please **TYPE** or **PRINT CLEARLY** your information in the spaces

PROGRAM LABORATORY:

Institution 1	
Institution 2	
Department	
Address	
Address	
City, State, Zip	
Country	
Phone	
Fax	
Email	

PRINCIPAL INVESTIGATORS (responsible for Young Investigator Exchange Fellow):

Principal	First Name	MI	Last Name	Degree	Academic Rank
#1					
#2					

DEPARTMENT CHAIR:

Name of Chair	
Institution	
Department	
Address	
Address	
City, State, Zip	

RESEARCH:

Project Title:	
Brief Description Of Research:	
List 1 to 3 References: (Optional)	
Current and Future Research and Training Support:	

**Young Investigator Exchange Program
Laboratory Description Form – Page 2**

Are there funds available in your laboratory to support a young investigator (<12months)?

- yes no maybe

Is any of this research funded through a clinical research center?

- yes no

Please specify any extended periods of time during the next year in which you will not be available for student contact in mentoring the research directly, as on sabbatical or similar activity.

CURRENT:

Number (#) of predoctoral trainees?	
Number (#) of postdoctoral trainees?	

PAST 5 YEARS:

Total Number of predoctoral trainees?	
M.D.	
Ph.D.	
Other	
Total Number of postdoctoral trainees?	

What types of research activities will be available to a student?

	% Bench/Basic Research	% Clinical Research*	% Other Research	If “Other” included, please briefly specify
Percentage of time the visiting investigator would spend in each activity:				

*If Clinical Research indicated, please check all that apply:

- a. clinical data collection, patient/subject contact
- b. clinical data/chart review/data analysis

CATEGORY OF RESEARCH

- | | |
|---|---|
| <input type="checkbox"/> Adolescent Medicine | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Behavioral Pediatrics | <input type="checkbox"/> Metabolism & Diabetes |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Neonatology |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> Neonatal Cardiology |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Neonatal Epidemiology |
| <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> Neonatal Immunology & Hematology |
| <input type="checkbox"/> Developmental Pharmacology | <input type="checkbox"/> Neonatal Infectious Diseases |
| <input type="checkbox"/> Dymorphology & Teratology | <input type="checkbox"/> Neonatal Nutrition & Metabolism |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neonatal Pulmonology |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Nephrology |
| <input type="checkbox"/> Gastroenterology & Nutrition | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> General Pediatrics | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Preventive Medicine |
| <input type="checkbox"/> Hematology & Oncology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Rheumatology |

Final Submission Steps:

- Attach this file to an email and send to: petra.huppi@hcuge.ch