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| **2024 Nomination Form** | | | | |
| **Nominee** (First Name, Last Name, Degree): | | | | |
| Citation for the Award (not to exceed 50 words): | | | | |
| Mailing Address: | | Position/Academic Rank: | | |
| Email Address: | | Phone Number: | | |
| Institution: | | | | |
| Institution Address: | | | | |
| **Nominator** (First Name, Last Name, Degree): | | | | |
| Email Address: | | | Phone Number: | |
| Nominator’s Institution: | | | | |
| Nominator’s Institution Address: | | | | Nominator’s Position/Academic Rank: |
| **Supporter 1:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name | Degree | Institution | Email address | Telephone Number | Professional Relationship to Nominee |  | |  |  |  |  |  |  | | | **Supporter 2:** | | | | | | | | Name | Degree | Institution | Email address | Telephone Number | Professional Relationship to Nominee |  | |  |  |  |  |  |  | | | **Supporter 3:** | | | | | | | | Name | Degree | Institution | Email address | Telephone Number | Professional Relationship to Nominee |  | |  |  |  |  |  |  | |   **Nomination Description**  **Seminal discovery** (≤ 250 words):Describe the discovery/insight and the important problem or critical barrier to progress in lupus that the discovery/insight addresses or could be applied to address (for discoveries/insights from fields outside of lupus).  **Novelty** (≤ 100 words):Highlight the innovation of the research discovery/insight.  **Potential impact of discovery/insight** (≤ 150 words)**:** Describe the potential impact of the discovery/insight on the field of lupus research or clinical care. How do you anticipate that the discovery/insight could exert a sustained and powerful influence on lupus research or clinical care? How might scientific knowledge, technical capability, or clinical practice be improved ultimately by the discovery/insight?  **Further application** (≤ 100 words): Evaluate the likelihood of success for further application of this discovery/insight to lupus treatment, prevention or cure and the potential for its further development for lupus patients.  **Year of discovery:** | | | | |
| By signing below, the Nominator confirms that all the information provided as part of this nomination is accurate to the best of their knowledge. In addition, the Nominator also confirms that they have the Nominee’s assurance that should they be selected to receive the Lupus Insight Prize in 2024, they will be able to attend the Award Ceremony at FOCIS.    Nominator’s Signature Date | | | |