

Application to Psoriasisfonden for funding of research within psoriasis/psoriatic arthritis

Final date of application is June 1, 2022.

This application form is for Psoriasisfonden only. For application to Gösta A Karlssons 60-års fond, please use the designated application form. Please note that the same project cannot apply for funding from both foundations.

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Main applicant	Place of work/applying institution (Complete address, telephone number, email)
(Name, title)	(Complete address, telephone number, email)
Complicant	
Co-applicant	
(Name, title)	
D	
Project name	
Project abstract (NOTE: In Swedish.)	
Abstract shall include goal, purpose, method, expecte	ad recult (mål aufte meted färväntet recultet)
Abstract shall include goal, purpose, method, expects	eu resuit (mai, syrte, metou, forvantat resuitat).

Abstract cont'd or other relevant informa	ation		
Funding/project information (places of	pock all that apply)		
Funding/project information (please ch	іеск ан тпат арріу)		
New funding		Total project cost in SEK	
Continued funding		Amount requested from Psoriasisfonden in SEK	
Have received/applied for funding (if yes, please specify in project b			
Extent of project		Project phase	
Full time		Start up/early stage	
Part time (please specify percent	age)	Established/full scale	
Required attachments, in PDF-form Complete research program Complete project budget (see inform Curriculum Vitae for main applicant List of publications Progress report (required only for an Approval by ethics committee)	mation document for key and key team members		
Place and date	Name and signature of I By signing this application usage of your personal d	main applicant on you confirm that you approve Psord lata in accordance with GDPR regulat	iasisförbundet's ions.

