

1. APPLICATION FORM - new applications for trios		
Structure of the form	Question	Comment
<b>Emerging Center (EC) Information</b>		
<b>1. Contact Information</b>		
Institution	Emerging Center name	
	Department name	
	Street address	
	PO Box	
	City	
	Postcode	
	State	
	Country	
Liaison Officer (= main contact person, should be an ISN member)	First name	
	Last name	
	Email address	
	Phone number	
	ISN membership ID (mandatory)	
	Dropdown (University / State Facility / Private Facility)	
<b>2. Affiliation/Sponsorship</b>		
<b>3. Renal Service Information</b>		
Medical Personnel	Please provide a number in each category	
	- Trained nephrologist(s)	
	- Trainee nephrologist(s)	
	- Residents	
	- Para-medical personnel	
	Do you have skilled renal nurses?	Yes / No
	Do you have dedicated allied health personnel?	Yes / No
	Do you have dialysis machine technicians?	Yes / No
In addition to patient care, are you also involved in	Basic research?	Yes / No - If yes, please provide approximate percentage
	Clinical research?	Yes / No - If yes, please provide approximate percentage
	Teaching?	Yes / No - If yes, please provide approximate percentage
	Epidemiology?	Yes / No - If yes, please provide approximate percentage
	Other?	Yes / No - If yes, please provide approximate percentage
Direct patient care (please provide numbers in each category)	Outpatient clinic sessions per week	
	Inpatient beds	
	Renal biopsies per year	
	Acute dialysis treatments per year (average over the past three years)	
	Chronic hemodialysis patients	
	CAPD patients	
	Other routine interventional procedures	
	Live donors per year	
	Deceased donors per year	
	Total number of Kidney transplants under follow-up	
<b>Supporting Center (SC) Information</b>		
<b>1. Contact Information</b>		
Institution	Supporting Center name	
	Department name	
	Street address	
	PO Box	
	City	
	Postcode	
	State	
	Country	
Liaison Officer (= main contact person, should be an ISN member)	First name	
	Last name	
	Email address	
	Phone number	
	ISN membership ID (mandatory)	
	Multiple choice:	
	- Research Center	
	- Specialized Medical Center	
	- General Hospital	
	- Other	
	Dropdown (University / State Facility / Private Facility)	
<b>2. Basic Nature of the institution</b>		
<b>3. Affiliation/Sponsorship</b>		
<b>4. Renal Service Information</b>		
In addition to patient care, are you also involved in	Basic research?	Yes / No - If yes, please provide approximate percentage
	Clinical research?	Yes / No - If yes, please provide approximate percentage
	Teaching?	Yes / No - If yes, please provide approximate percentage
	Epidemiology?	Yes / No - If yes, please provide approximate percentage
	Other?	Yes / No - If yes, please provide approximate percentage
<b>Mentoring Center (MC) Information</b>		
<b>1. Contact Information</b>		
Institution	Mentoring Center name	
	Department name	
	Street address	
	PO Box	
	City	
	Postcode	
	State	
	Country	
Liaison Officer (= main contact person, should be an ISN member)	First name	
	Last name	
	Email address	
	Phone number	
	ISN membership ID (mandatory)	
	Multiple choice:	
	- Research Center	
	- Specialized Medical Center	
	- General Hospital	
	- Other	
	Dropdown (University / State Facility / Private Facility)	
<b>2. Basic Nature of the institution</b>		
<b>3. Affiliation/Sponsorship</b>		
<b>4. Renal Service Information</b>		
In addition to patient care, are you also involved in	Basic research?	Yes / No - If yes, please provide approximate percentage
	Clinical research?	Yes / No - If yes, please provide approximate percentage
	Teaching?	Yes / No - If yes, please provide approximate percentage
	Epidemiology?	Yes / No - If yes, please provide approximate percentage
	Other?	Yes / No - If yes, please provide approximate percentage
<b>Long term objective</b>		
ISN aims to support those links who can demonstrate that there is a real will between the centers to actively work on the development of nephrology at the Emerging Center that will benefit the community at large. In order to evaluate this potential, we ask you to detail the needs that must be addressed at the Emerging Center, how the Supporting and/or the Mentoring Center can assist and what the desired outcome would be.		
	What is the overall objective you would like to achieve during your journey in the SRC program (long-term objective)?	Text response - limited to 25 words
	Measurable outcomes	Text response - limited to 75 words
	<b>Focus (multiple choice tick box):</b>	
	- Adult nephrology	

	- Paediatric nephrology	
	<b>Area of Nephrology (main focuses, maximum 3 choices):</b>	
	- Acid Base Disorders	
	- Acute Kidney Injury	
	- Anemia, Iron and Trace Elements	
	- Basic science	
	- Chronic Kidney Disease	
	- Clinical Nephrology	
	- Clinical Trials	
	- Conservative/palliative care for ESKD	
	- Critical Care Nephrology	
	- Diabetes	
	- End-of-life Care	
	- Epidemiology	
	- Fluid and Electrolytes	
	- Genetic Kidney Disease	
	- Glomerular Diseases	
	- Healthcare Policy	
	- Hemodialysis	
	- Hypertension	
	- Imaging	
	- Interventional Nephrology	
	- Intoxication/Poisoning	
	- Kidney Stones	
	- Mineral and Bone Disorders	
	- Nutrition and Hydration	
	- Obstetrics and Pregnancy	
	- Onconephrology	
	- Pathology	
	- Pediatric Nephrology	
	- Peritoneal Dialysis	
	- Pharmacology	
	- Research Methodology and Mentorship	
	- Systemic Disease	
	- Transplantation	
		"In case the main focus of your SRC activities will be transplantation: Please note that we prefer that transplant applications follow the Sister Transplant Centers pathway ( <a href="http://stc.theisn.org/">http://stc.theisn.org/</a> ) and, depending on number of applications, we may preference non-transplant applications in the SRC scoring system".
	Motivations. According to you what are the positive factors in your relationship/situation that could lead to a successful outcome?	Text response - limited to 250 words
	Comments. Additional comments that you would like to provide in order to strengthen your application:	Text response - limited to 250 words
In order to achieve this overall long-term objective, which are the objectives you would like to achieve in the coming two years?	Up to three objectives. For each objective, please fill in:	
	- Area (same list as the one used for main focus of SRC activities above)	
	- What would you like to achieve?	Text response - limited to 75 words
	- Measurable outcomes	Text response - limited to 75 words
	- Proposed measures	Text response - limited to 75 words
<b>PAST ISN PROGRAMS INVOLVEMENT</b>		
	Did the Emerging Center organize or was involved in some of the ISN Programs* in the last 2 years?	
	If yes, which one(s)?	Multiple choice - tick box
	- Continuing Medical Education (CME) Program	
	- Educational Ambassadors (EA) Program	
	- Clinical Research Program	
	- Fellowship Program	
	- ISN-TTS Sister Transplant Center Program	
	- Mentorship Program	
	Please provide feedback on the impact on the Emerging Center of the most recent event	Text response (max 150 words)
<b>Declaration of Istanbul (DOI):</b>		
	Liaison officers of all centers involved in this sister centers relationship attest that their centers endorse the principles of the Declaration of Istanbul (DOI) and ensure that all scientists, activities and topics discussed are not in conflict with the principles of DOI. Please check the box if the centers involved in this SRC relationship agrees to the DOI principles.	Hyperlink to <a href="http://www.multivu.prnewswire.com/mnr/transplantationsociety/33914/docs/33914-Declaration_of_Istanbul-Lancet.pdf">http://www.multivu.prnewswire.com/mnr/transplantationsociety/33914/docs/33914-Declaration_of_Istanbul-Lancet.pdf</a>
<b>Signatures</b>		
	Emerging Center Liaison Officer name	
	Signature	
	Supporting Center Liaison Officer name	
	Signature	
	Mentor Center Liaison Officer name	
	Signature	