

| 1. APPLICATION FORM  |  |
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| Structure of the form  | Question   |
| <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 or a TTS member)   | First name   |
|  | Last name  |
|  | Email address  |
|  | Phone number   |
|  | ISN reference ID (if known)  |
|  | TTS Membership   |
|  | Dropdown (University / State Facility / Private Facility)  |
| <b>2. Affiliation/Sponsorship</b>  |  |
| <b>3. Renal and Transplant 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?  |
|  | Do you have dedicated allied health personnel?   |
|  | Do you have dialysis machine technicians?  |
| Surgical Personnel   | Please provide a number in each category   |
|  | - Trained nephrologist(s)  |
|  | - Trainee nephrologist(s)  |
|  | - Residents  |
|  | - Para-medical personnel   |
|  | - Transplant coordinators  |
| In addition to patient care, are you also involved in (please provide approximate percentage)  | Basic research?  |
|  | Clinical research?   |
|  | Teaching?  |
|  | Epidemiology?  |
|  | Transplants living donors?   |
|  | Transplants deceased donors?   |
|  | Other?   |
| 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  |
|  | Total number of Kidney transplants in the last year  |
|  | Live donors per year   |
|  | Deceased donors per year   |
|  | Retrieval services   |
|  | 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 or a TTS member)   | First name   |
|  | Last name  |
|  | Email address  |
|  | Phone number   |
|  | ISN reference ID (if known)  |
|  | TTS Membership   |
|  | Dropdown (University / State Facility / Private Facility)  |
| <b>2. Basic Nature of the institution</b>  |  |
|  | Tick box:  |
|  | - Research Center  |
|  | - Specialized Medical Center   |
|  | - General Hospital   |
|  | - Other  |
|  | Dropdown (University / State Facility / Private Facility)  |
| <b>3. Affiliation/Sponsorship</b>  |  |
| <b>4. Renal and Transplant Service Information</b>   |  |
| In addition to patient care, are you also involved in  | Basic research?  |
|  | Clinical research?   |
|  | Teaching?  |
|  | Epidemiology?  |
|  | Transplants living donors?   |
|  | Transplants deceased donors?   |
|  | Other?   |
| Long term objective  |  |
| ISN and TTS aim 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 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 STC program (long-term objective)?                                  |
|  | Measurable outcomes  |
|  | Focus:   |
|  | - Adult nephrology   |
|  | - Paediatric nephrology  |
|  | Motivations.   |
|  | According to you what are the positive factors in your relationship/situation that could lead to a successful outcome?                                 |
|  | Comments.  |
|  | Additional comments that you would like to provide in order to strengthen your application:  |
| 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 of them, please fill in:  |
|  | - What would you like to achieve?  |
|  | - Measurable outcomes  |
|  | - Proposed measures  |
| <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)?  |
|  | - Continuing Medical Education (CME) Program   |
|  | - Educational Ambassadors (EA) Program   |
|  | - Clinical Research Program  |
|  | - Fellowship Program   |
|  | - ISN Sister Renal Centers Program   |
|  | - Mentorship Program   |
|  | Please provide feedback on the impact on the Emerging Center of the most recent event  |
|  | * For any question or for additional information about ISN programs, please contact <a href="mailto:isnprograms@theisn.org">isnprograms@theisn.org</a> |
| Reminder: as part of the ISN-TTS STC Program, you benefit from priority consideration when applying to all other ISN Programs. Please think about applying to other ISN Programs during your period as an ISN-TTS STC pair/trio as this might reduce the pressure on your STC budget.  |  |
| Declaration of Istanbul (DOI):   |  |

|                   |   |
|-------------------|---|
|                   | 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.<br>Please check the box if the centers involved in this STC relationship agrees to the DOI principles. |
| <b>Signatures</b> |   |
|                   | Emerging Center Liaison Officer name  |
|                   | Signature   |
|                   | Supporting Center Liaison Officer name  |
|                   | Signature   |