

**DERMAVANT MEDICAL WRITING GRANT APPLICATION**

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| Instructions: Please complete all applicable fields and email the completed Medical Writing Grant Application along with supporting attachments to Dermavant at iis@dermavant.comAll submitted applications will be reviewed on a monthly basis by the Dermavant IIS Committee. |

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| CONTACT INFORMATION |
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| PROPOSAL DETAILS |
| Working Title |  |
| Form of Final Deliverable |  |
| Primary Author First Name |  |
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| Primary Author Institution/Organization |  |
| CV/Resume of Primary Author | Please attach |
| Is the Corresponding Author different from the Primary Author? |  |
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| CV/Resume of Corresponding Author (if applicable): | Please attach |
| Medical Writing Grant Proposal (Description of paper) |  |
| Targeted Journal/Meeting |  |
| Targeted Audience |  |
| Targeted Completion Date |  |
| Abstract Submission Deadline (if required) |  |
| Grant Request Amount |  |
| Line Item Budget  |  |
| Additional supporting documents | Please attach if applicable |

[ ]  I certify that all authors will meet all ICJME criteria (<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>)

[ ]  I understand that unrestricted grants received from Dermavant may be required to be reported under the Physician Payments Sunshine Act and that support from Dermavant will need to be disclosed in the final publication