



TO: Christopher Bocquet (Transfusion Medicine Section Coordinating Committee Staff Liaison)

FROM: AABB Future Leader Transfusion Medicine and Biotherapies Fellow (TMBF) Scholarship Award Applicant

RE: 2026 Submission of Paper for Publication

I am submitting my paper:

for consideration for the AABB Future Leader TMBF Scholarship Award. I have also submitted this manuscript to be reviewed for possible publication in the

It is my understanding that this manuscript will not be published before **September 4, 2026** by which date the AABB Future Leader TMBF Scholarship Award winner(s) will have been chosen.

Name:

Mailing Address:

Email Address:

Phone Number:

Signature:

Date:



**APPLICATION FOR AABB FUTURE LEADER SCHOLARSHIP AWARD
TRANSFUSION MEDICINE AND BIOTHERAPIES FELLOWS**

Applicant Section – Please complete the following information:

Name:

Mailing Address:

Social Security Number:

Other Certification:

Title of Paper:

This entry is my own work. I may have received some guidance from an instructor or supervisor, but the plan is mine and I alone have written the manuscript. I have conducted my own research of the literature for references. This work was initiated and substantially performed during my fellowship training. The manuscript follows the format used by authors wishing to submit a manuscript to *Transfusion*. (These instructions appear in each January issue.) Critical independent review of the final manuscript may have not provided some general suggestions, but any revisions are my own. I am aware that this paper will not be eligible for consideration if references are made to self, institution or state, or if the anonymity of the entry is compromised.

This entry has not been published, printed, or submitted elsewhere and will not be submitted elsewhere for publication prior to the decision of the AABB judges, without written consent of the AABB. This permission will be granted in all cases but applicant must request approval in writing through the AABB National Office to the attention of Christopher Bocquet, 4550 Montgomery Avenue, Suite 700, North Tower, Bethesda, MD 20814. I give my permission for publication of both my manuscript and the abstract for my manuscript by the AABB for educational purposes, if this entry receives a scholarship award. I understand that the copy I submit to the AABB will not be returned to me.

Signature of Applicant:

Date:



PROGRAM SECTION-PLEASE COMPLETE THE FOLLOWING INFORMATION:

Program Name:

Program Specialty/Subspecialty:

Program Address:

Program Director:

I verify that the applicant (Name):

is currently enrolled in, accepted for enrollment in, or has successfully completed within the last 24 months the above-mentioned Transfusion Medicine or Cellular Therapy Training Program.

Signature of Program Director:

Date:
