

**NOMINATION SUBMISSION FORM**  
**BROERMANN MEDICAL INNOVATION AWARD**



BROERMANN  
MEDICAL  
INNOVATION  
AWARD

**NOMINEE INFORMATION (Nominee No. 1)**

Full name of nominee: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Institution / Organization: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**NOMINEE INFORMATION (Nominee No. 2)**

(If applicable)

Full name of nominee: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Institution / Organization: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**NOMINEE INFORMATION (Nominee No.3)**

(If applicable)

Full name of nominee: \_\_\_\_\_

Title / Position: \_\_\_\_\_

Institution / Organization: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Mailing address: \_\_\_\_\_



## NOMINATOR INFORMATION

Full name of nominator: \_\_\_\_\_  
Title / Position: \_\_\_\_\_  
Institution / Organization: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

## SUPPORTING DOCUMENTS

Attach the required documents:

- Nominee's CV / Resume (max. 2 pages)
- List of key publications (max.5) and/or relevant patents
- Max. 2 pages cover letter for the proposal (summary of nominee's contributions/statement of impact)
- Proposals for reviewers (max. 2 reviewers)

**Note:** The nominated research must demonstrate significant translational or clinical potential, having progressed to at least an early stage of clinical proof of concept or, ideally, achieved tangible advancements toward patient care.

If the research is a collaborative effort, the nomination must include all key contributors who have played a crucial role in advancing the work toward clinical application.

Nominator signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form, along with all supporting documents, to [contact@broermann-award.org](mailto:contact@broermann-award.org) by March 1, 2026.

By submitting this form, you confirm that you have read, understood, and agree to our terms and conditions, including our data protection and information processing policies. Full details are available on our homepage: [\[Privacy statement\]](#) [\[Broermann Medical Innovation Award\]](#).