



Survey Request Form

Requestor's Name: _____

Organization: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Name of survey: _____

Briefly describe the purpose of the survey and its relevance to transplantation:

What is your target audience? _____

Are you an ASTS member? Yes No

Will you survey others outside the ASTS membership? Yes No

Do you have grant support for this study? Yes No

If yes, please provide the name of the grantor. _____

Do you intend to publish the results of this survey? Yes No

The fee for survey distribution is \$500 for ASTS members and \$2000 for non-members. Payment will be due upon approval via check or credit card (Visa|MasterCard|Amex). After receipt of payment, ASTS will execute a data use agreement with the requestor and provide the agreed upon information.

ASTS' role of facilitating distribution must be acknowledged within the survey. ASTS must be provided a summary of the data collected from its membership and any subsequent publications based on the data.

If at any time following the submission of this form there are changes or edits made to the survey, the ASTS National Office must be notified immediately in writing and approved by the ASTS Secretary.

Name: _____ Date: _____

By checking this box, I am providing my electronic signature verifying the information entered within this form and agreeing to the terms outlined above.

If you have further questions or require additional information, please contact Ning Duan

Phone: 703-414-1611

Email: ning.duan@asts.org