DIAGNOSTICS ACHIEVEMENT AWARD NOMINATION FORM

(Handwritten copy is not permitted)

1. NAME OF CANDIDATE

Last (Family)

First

2. NAME OF NOMINATOR

Last (Family)

First

Position

Organization

Mailing Address

City

Zip / Postal Code

Country

Telephone #

Fax #

SEE or IEEE Member #

E-mail

3. Describe your relationship to the nominee and how you, PERSONALLY, became aware of the importance of his/her accomplishments, their innovative aspects and their impact on society (no more than 100 words):

— continued on next page —

4. **On the basis of your personal knowledge of the work of the candidate, please indicate** whether or not, in your judgment, the candidate meets the requirements for this Diagnostics Achievement Award. What distinguishes his/her technical contributions and services from the norm? Explain from your perspective in which way the candidate has demonstrated scientific excellence and the impact of at least one outstanding contribution on transfer of knowledge or technology to innovation and/or industry. Also explain how candidate has contributed through services to the diagnostics community.
(no more than 700 words):

5. **Provide a brief listing of your own credentials.** (no more than 100 words):

Please note: self-nominations are not allowed. The nomination form must be accompanied by at least two and at most three reference letters. Only electronic submission will be accepted.

NB: This document must be filled in Times New Roman 10 pt before being converted to PDF (the only accepted format). Submit by email to: joanda@die.upv.es