# HMO Donation Request Form

### 1 Basic information

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| --- | --- |
| **Project title** |  |
| **Lead researcher name and email** |  |
| **University/Institution** |  |
| **Department/Centre** |  |
| **Address** |  |

### 2 Project description

|  |
| --- |
| 1. **Background** *(e.g. short project description, what is novel about your project, what do you aim to investigate, hypothesis and reason to believe/data supporting hypothesis)* |
|  |
| 1. **Research plan** *(e.g what methods/techniques will be used, what are the expected results, work packages, timeline)* |
|  |
| 1. **Research team** *(e.g. how many people will be involved, is it a PhD/PostDoc project)* |
|  |
| 1. **Project duration** (e.g. how long will the project last) |
|  |

### 3 HMOs

|  |  |
| --- | --- |
| **Which HMOs are you requesting?** |  |
| **What are the quantities of HMOs?** |  |
| **Purpose of use of donated HMOs** |  |
| **Do you need support in choosing HMOs?** |  |

please send this form completed back to: HMO.Donation@dsm-firmenich.com>

### 4 Further notes/requests