



**A Canadian Celebration of Excellence in Health
Research**

CIHR Gold Leaf Prize for Discovery

Nomination Form

1. Nominee(s) information*

a. Name of nominee(s) and title:

b. Organization:

c. Address:

d. Telephone number:

e. E-mail:

2. Nominator information*

a. Name of nominator and title:

b. Organization:

c. Address:

d. Telephone number:

e. E-mail:

*Additional space for nominee(s) and/or nominator information is provided on the second page.



Nomination Form (*continued*)

1. Nominee(s) information (*additional space if needed*)

2. Nominator information (*additional space if needed*)

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Summary using language accessible to a lay audience describing the breakthrough discovery.
(2000 character limit, including spaces)

Explanation of how the nominee(s) meet(s) the *Evaluation Criteria**. (9000 character limit, including spaces)

**Evaluation Criteria:*

1. Evidence of an outstanding discovery or breakthrough in any of CIHR's four health pillars which will have a major influence on future research.
2. Evidence that the discovery has significantly influenced knowledge in the field of health research.