



## SAMDS Award Nomination Form

To SAMDS Secretariat E-mail: [secretary@samds.org](mailto:secretary@samds.org) Deadline: **March 30, 2026**

### Nominator

Full Name	
Title/Position	
Institution/Organization	
Department	
Email Address	
Telephone Number	
Mailing Address	
Signature	
Date	

### Nominee

Full Name	
Date of Birth	
Title/Position	
Institution/Organization	
Department	
Email Address	
Telephone Number	
Mailing Address	

### Primary Research Field (Please check all that apply)

- Medicine
- Life Sciences closely related to Medicine
- Medical Decision Science
- Healthcare Quality and Safety
- Healthcare Data Analysis
- Health Technology Assessment
- Other (please specify):



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## Research Contributions and Achievements

### Summary of Key Research Contributions

Please provide a concise summary of the nominee's most significant research achievements and their relevance to medical decision science (Maximum 500 words)

### Relevance to Medical Decision Science

*Describe how the nominee's work demonstrates strong relevance to medical decision-making, healthcare data analysis, and evidence-based improvements in healthcare quality and outcomes (Maximum 300 words)*



## Publication Record

Total peer-reviewed journal articles	
Publications in Q1/Q2 journals	
Publications indexed in Scopus	
Publications indexed in PubMed	
Book chapters	
Conference proceedings	

## Five Representative Publications

*Please list five most representative publications that best demonstrate the nominee's contributions to the field. Full texts must be attached.*

### Publication 1:

- Authors:
- Title:
- Journal:
- Year:
- Volume (Issue):
- DOI:

### Publication 2:

- Authors:
- Title:
- Journal:
- Year:
- Volume(Issue):
- DOI:

### Publication 3:

- Authors:
- Title:
- Journal:
- Year:
- Volume(Issue):
- DOI:

### Publication 4:

- Authors:
- Title:
- Journal:
- Year:
- Volume(Issue):
- DOI:

### Publication 5:

- Authors:
- Title:
- Journal:
- Year:
- Volume(Issue):
- DOI:



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## Clinical and Social Impact

*Describe measurable and meaningful advancements resulting from the nominee's research in clinical decision-making, patient safety, decision support systems, medical information technologies, and healthcare system performance, if possible, provide specific examples of how the nominee's research has been translated into clinical practice, health policy, or healthcare system improvements (Maximum 400 words)*

## Research Leadership and Collaboration

*Describe the nominee's collaborative research activities, particularly interdisciplinary and international collaborations (Maximum 250 words)*



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## Potential for Continued Contribution

*Outline the nominee's future research directions and expected contributions to the field (Maximum 200 words)*

## Nomination Statement

*Please provide a comprehensive nomination statement that summarizes the nominee's contributions, relevance to medical decision science, and impact on the field. This statement should clearly articulate why the nominee deserves this award (Maximum 1,000 words)*



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## Ethics and Compliance

### Conflict of Interest Declaration

- I declare that I have no conflict of interest with the nominee
- I declare the following potential conflict of interest:

### Nominee's Consent

- I confirm that the nominee has been informed of this nomination and consents to the submission

## Nominator Declaration and Signature

I hereby declare that:

1. All information provided in this nomination form is accurate and complete to the best of my knowledge
2. I understand that submitted materials will be used solely for the award selection process and will not be disclosed or used for other purposes
3. I understand that submitted materials will not be returned
4. I understand that the review process and evaluation comments are strictly confidential
5. I acknowledge that applications submitted after March 30, 2026 will not be accepted
6. I understand that SAMDS is unable to respond to individual inquiries regarding review status

**Nominator Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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## Submission Instructions

**Deadline:** **March 30, 2026 (inclusive)**

**Submission Method:** Email to [secretary@samds.org](mailto:secretary@samds.org)

**Email Subject Line:** [2026 SAMDS Award Nomination - \[Nominee Name\]](#)

**File Format:** Please submit all documents in **PDF format**

**Confirmation:** You will receive an email confirmation upon successful receipt of your nomination

### For Office Use Only

Nomination Reference Number	
Date Received	
Completeness Check	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete
Assigned to Review Committee	
Review Status	
Final Decision	
Notification Date	

### Award Ceremonies

- Tenth International Conference on Medical and Health Informatics 2026 (ICMHI 2026) - Kyoto, Japan | May 15-17, 2026
- Ninth International Conference on Healthcare Service Management (ICHSM 2026) - Isparta, Turkiye | September 24-26, 2026

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### Review Timeline

- Nomination Deadline: March 30, 2026
- Review Period: April 2026
- Notification: May 5, 2026

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*Thank you for your nomination. Your contribution to recognizing excellence in medical decision science is greatly appreciated.*

**End of Nomination Form**