

Obrazac lokalnog, eksternog zahteva Vodič, korak po korak, za popunjavanje zahteva za grantove u sistemu GEMS

Eksterni portal je dostupan na engleskom jeziku. Ovaj dokument daje uputstva na lokalnom jeziku, koji će korisnicima koji ne govore engleski jezik omogućiti da podnesu zahtev za grant.

Introduction	Uvod
Making your GEMS for Grants external request submission:	Podnošenje eksternog zahteva za grantove u sistemu GEMS:
On the Novartis GEMS for Grants external portal, user registration and Grant request applications are shown in English. This local language completion guide provides a translation of all the content that is on the portal and will enable you to complete the English submission form.	Na portalu Novartis GEMS za eksterne zahteve za grantove, prijave za registraciju korisnika i zahtev za grant su prikazane na engleskom jeziku. Ovaj vodič za popunjavanje na lokalnom jeziku daje prevod celokupnog sadržaja na portalu i omogućiće vam da popunite obrazac za podnošenje na engleskom jeziku.

Screen / Ekran	Fields / instructions	Polja / instrukcije
	<p>* Please note that a red star adjacent to any field means that field is mandatory for completion</p> <p>If a message in red text appears at the top of a page, it signifies an error needs to be corrected before moving on to the next screen. Errors include incorrectly completed fields or fields which may still need to be completed even if not marked as mandatory.</p>	<p>* Imajte u vidu da crvena zvezda u blizini bilo kog polja znači da je popunjavanje tog polja obavezno</p> <p>Ukoliko se poruka sa tekstom u crvenoj boji pojavi na vrhu strane, to ukazuje da je, pre prelaska na sledeći ekran, potrebno ispraviti grešku. Greške mogu biti nepravilno popunjena polja ili polja koja je potrebno popuniti čak i ako nisu označena kao obavezna.</p>

Error messages may show as:

You must address the following item(s) before you can submit your application: "insert field name" cannot be blank

or

Your work has been saved, however, you must address the following item(s) before you can submit your application: "insert field name" is required.

Može biti prikazana sledeća poruka o grešci:

Morate da rešite sledeću(e) stavku(e) pre nego što možete da podnesete svoj zahtev: Polje "uneti naziv polja" ne može biti prazno

ili

Vaš rad je sačuvan, međutim, morate da rešite sledeću(e) stavku(e) pre nego što budete mogli da podnesete svoj zahtev: Polje "uneti naziv polja" je obavezno.

1. Registration / Registracija

GEMS
Grants, External Studies and
Managed Access System

NOVARTIS
Reimagining Medicine

First time user? [Create your password](#)

Please Log In

* E-mail Address:

* Password: Show password

LOG IN

[Forgot your password?](#)

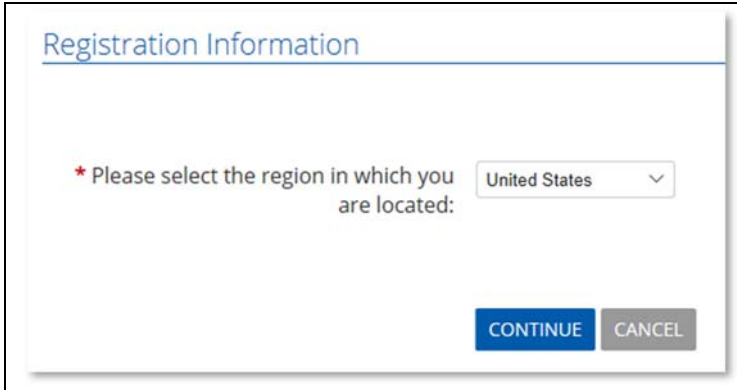
Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

[Need Support?](#)

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If you are a first-time user, you will need to create your profile by clicking on the link shown in the red box.

Ako koristite prvi put, moraćete da kreirate svoj profil klikom na link prikazan u crvenom okviru.

	<p>* Please select the region in which you are located: <i>Select your country from the drop-down options. If your country is not listed, select 'Others'.</i></p> <p><i>Click blue continue button.</i></p>	<p>* Izaberite region u kome se nalazite: <i>Izaberite Vašu državu iz padajućeg menija. Ako Vaša država nije na listi, izaberite "Ostalo".</i></p> <p><i>Kliknite plavu tipku za nastavak.</i></p>
<p>Registration Information</p> <p><small>* indicates required field</small></p> <p>The information requested on this website will be used by Novartis AG, their affiliated companies located & their authorized agents for the sole purpose of evaluating your submission to Novartis. The information collected will be shared by Novartis with its country level Novartis affiliate companies for the same purposes described above. Novartis will not share information with anyone who is not directly connected with this purpose. Your personal information may also be transferred to third parties who act for or on our behalf for further processing in accordance with the purposes described above. These third parties may be located in countries or territories which may not offer the same level of data protection as the country in which you reside. They have contracted with us to use your personal information solely for the agreed upon purpose, not to sell your personal information to third parties and not to disclose it to third parties except as may be required by law, as permitted by us or as stated in this privacy notice. Your personal information will be retained, as long as needed to meet the legitimate purpose for which it was collected & in compliance with Novartis data retention policies and legal requirements.</p> <p>You can directly modify & update your data through the portal. In addition, you may request information about your personal information & exercise related access rights, including deletion of your personal information & withdrawal of your consent by contacting gems.office@novartis.com.</p> <p>By clicking SUBMIT button at the bottom of this page, you authorize Novartis to collect & process the personal data for the purpose above mentioned. If you do not want Novartis to collect and process your personal data, click CANCEL button. You will not be able to submit your request to Novartis.</p>	<p><i>The following text is around the subject of data privacy:</i></p> <p>The information requested on this website will be used by Novartis AG, their affiliated companies located & their authorized agents for the sole purpose of evaluating your submission to Novartis. The information collected will be shared by Novartis with its country level Novartis affiliate companies for the same purposes described above. Novartis will not share information with anyone who is not directly connected with this purpose. Your personal information may also be transferred to third parties who act for or on our behalf for further processing in accordance with the purposes described above. These third parties may be located in countries or territories which may not offer the same level of data protection as the country in which you reside. They have contracted with us to use your personal information solely for the agreed upon purpose, not to sell your personal information to third parties and not to disclose it to third parties except as may be required by law, as permitted by us or as stated in this privacy notice. Your personal information will be retained, as long as needed to meet the</p>	<p><i>Sledeći tekst se odnosi na temu privatnosti podataka:</i></p> <p>Informacije tražene na ovom veb-sajtu korišće kompanija Novartis AG, njene pridružene kompanije i njihovi ovlašćeni zastupnici samo u svrhu procene Vašeg podneska kompaniji Novartis. Prikupljene informacije će kompanija Novartis deliti sa kompanijama povezanim sa kompanijom Novartis na nivou zemlje u iste gore opisane svrhe. Kompanija Novartis neće deliti informacije ni sa kim ko nije direktno povezan sa ovom svrhom. Vaši lični podaci mogu biti preneti i trećim licima koja postupaju u naše ime ili za nas radi dalje obrade u skladu sa gore opisanim svrhama. Ova treća lica mogu se nalaziti u zemljama ili teritorijama koje možda ne nude isti nivo zaštite podataka kao država Vašeg prebivališta. Navedeni subjekti su sa nama ugovorili da koriste Vaše lične podatke isključivo u ugovorene svrhe, da ne prodaju Vaše lične podatke trećim licima, kao i da ih ne otkrivaju trećim licima, osim ako se to zahteva u skladu sa zakonom, kao što mi dozvoljavamo ili kako je navedeno u ovom obaveštenju o</p>

legitimate purpose for which it was collected & in compliance with Novartis data retention policies and legal requirements. You can directly modify & update your data through the portal. In addition, you may request information about your personal information & exercise related access rights, including deletion of your personal information & withdrawal of your consent by contacting gems.office@novartis.com. By clicking SUBMIT button at the bottom of this page, you authorize Novartis to collect & process the personal data for the purpose above mentioned. If you do not want Novartis to collect and process your personal data, click CANCEL button. You will not be able to submit your request to Novartis.

privatnosti. Vaši lični podaci će biti zadržani sve dok su potrebni kako bi se zadovoljila legitimna svrha zbog koje su prikupljeni i u skladu sa politikama zadržavanja podataka kompanije Novartis i zakonskim zahtevima. Možete direktno menjati i ažurirati podatke preko portala. Pored toga, možete zatražiti informacije o svojim ličnim podacima i iskoristiti povezana prava pristupa, uključujući brisanje ličnih podataka i povlačenje saglasnosti tako što ćete kontaktirati gems.office@novartis.com. Klikom na SUBMIT (PODNEŠI) na dnu ove stranice, ovlašćujete kompaniju Novartis da prikuplja i obrađuje lične podatke u gore pomenutu svrhu. Ako ne želite da kompanija Novartis prikuplja i obrađuje Vaše lične podatke, kliknite CANCEL (OTKAŽI). Nećete biti u stanju da dostavite Vaš zahtev kompaniji Novartis.

* First Name:

* Last Name:

* Telephone Number:

* E-mail Address: Please enter your e-mail address, e.g. yourname@yourdomain.com. You will need your e-mail address to log in.

* Password: The password must be between 6 and 16 characters long and consist of letters, numbers, or any of the following special characters: '@!#\$-.'. The password "password" is not valid.

* Confirm Password:

* Organization Name: Enter the legal name of the organization for which you are applying.

Zip/Postal Code:

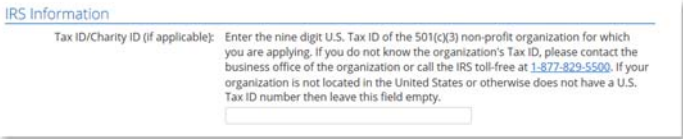
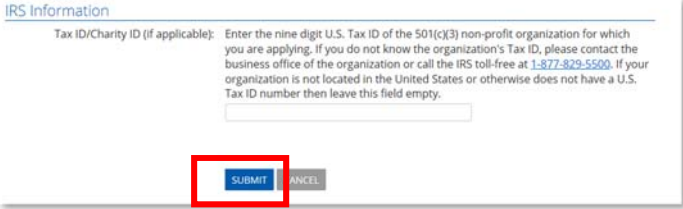
* Organization Country:

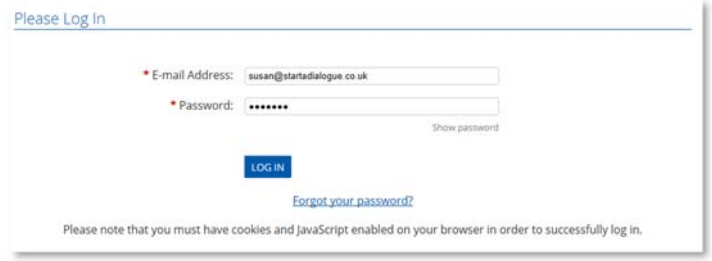
If you wish to proceed, please now complete the following fields:

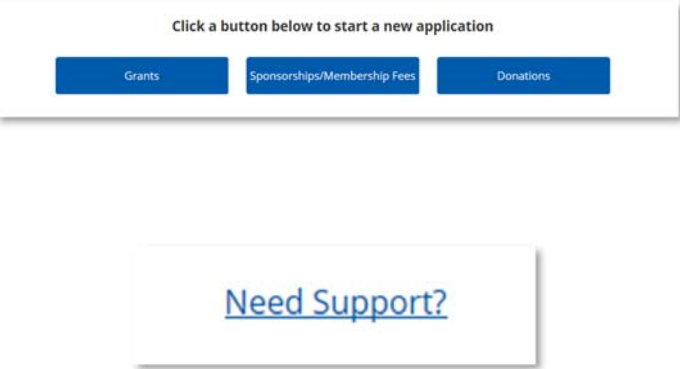
- * **First name**
- * **Last Name**
- * **Telephone Number**
- * **E-mail address**
- * **Password** (The password must be between 6 and 16 characters long and consist of letters, numbers, or any of the following special characters: '@!#\$-.'. The password "password" is not valid.)
- * **Confirm Password**

Ako želite da nastavite, sada popunite sledeća polja:

- * **Ime**
- * **Prezime**
- * **Broj telefona**
- * **E-mail adresa**
- * **Lozinka** (Lozinka mora imati između 6 i 16 znakova i mora se sastojati od slova, brojeva ili bilo kog od sledećih posebnih znakova: '@!#\$-.'. Lozinka "password" ("lozinka") nije ispravna.)
- * **Potvrdi lozinku**

	<p>* Organization name (enter the legal name of the organization for which you are applying)</p> <p>Zip/Postal Code</p> <p>* Organization Country (<i>select from drop-down options</i>)</p>	<p>* Naziv organizacije (uneti pravni naziv organizacije za podnosite prijavu)</p> <p>Poštanski broj</p> <p>* Zemlja organizacije (<i>izabрати iz padajućih opcija</i>)</p>
 <p>IRS Information</p> <p>Tax ID/Charity ID (if applicable): Enter the nine digit U.S. Tax ID of the 501(c)(3) non-profit organization for which you are applying. If you do not know the organization's Tax ID, please contact the business office of the organization or call the IRS toll-free at 1-877-829-5500. If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.</p>	<p>IRS Information</p> <p>If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.</p>	<p>IRS informacije</p> <p>Ako se Vaša organizacija ne nalazi u Sjedinjenim Američkim Državama ili ako nema američki PIB ostavite ovo polje nepopunjeno.</p>
 <p>IRS Information</p> <p>Tax ID/Charity ID (if applicable): Enter the nine digit U.S. Tax ID of the 501(c)(3) non-profit organization for which you are applying. If you do not know the organization's Tax ID, please contact the business office of the organization or call the IRS toll-free at 1-877-829-5500. If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.</p> <p>SUBMIT CANCEL</p>	<p>Click 'Submit'</p>	<p>Kliknite "Submit" ("Podnesi")</p>
<p>Help us activate your email address</p> <p>An activation email has been sent to susanperry@hotmail.com. Please open the email and click on the link inside to proceed.</p> <p>No activation email in your inbox? First, check your spam, junk, or trash folders for a message from donotreply@cybergrants.com. You can also click here to send a new activation email if necessary.</p> <p>Security is very important to us and activating your email address will add an extra layer of protection to your account. Thank you for your understanding and for helping us keep your information safe!</p>	<p>Help us activate your email address</p> <p>An activation email has been sent to (<i>your email address</i>). Please open the email and click on the link inside to proceed.</p> <p>No activation email in your inbox? First, check your spam, junk, or trash folders for a message from donotreply@cybergrants.com. You can also click here to send a new activation email if necessary.</p> <p>Security is very important to us and activating your email address will add an extra layer of protection to your account. Thank you for your</p>	<p>Pomozite nam da aktiviramo Vašu email adresu</p> <p>Aktivacioni imejl je poslat na (<i>Vaša email adresa</i>). Otvorite imejl i kliknite na link koji se nalazi u njemu kako biste nastavili.</p> <p>U Vašem inboksu se ne nalazi aktivacioni imejl? Prvo proverite da li u folderima spam, junk, ili trash postoji poruka sa adrese donotreply@cybergrants.com. Možete i da kliknete ovde kako biste po potrebi poslali nov aktivacioni imejl.</p> <p>Sigurnost nam je veoma važna i aktiviranje vaše email adrese će obezbediti dodatni</p>

	<p>understanding and for helping us keep your information safe!</p>	<p>nivo zaštite Vašeg naloga. Hvala Vam na razumevanju i što ste nam pomogli da održimo bezbednost Vaših informacija!</p>
<h2 style="text-align: center;">2. Log in following registration / Ulogovanje nakon registracije</h2>		
	<p><i>Enter your * email address and * password.</i></p> <p><i>Click 'LOG IN'</i></p>	<p><i>Unesite Vašu * email adresu i * lozinku.</i></p> <p><i>Kliknite "LOG IN" ("Uloguj se")</i></p>
<p>Your email address has been activated!</p> <p>Thank you for activating your email address and for helping us keep your information safe.</p> <p style="text-align: center;">PROCEED</p>	<p>Your email address has been activated!</p> <p>Thank you for activating your email address and for helping us keep your information safe.</p> <p><i>Click 'Proceed'</i></p>	<p>Vaša email adresa je aktivirana!</p> <p>Hvala Vam što ste aktivirali Vašu email adresu i što ste nam pomogli da održimo bezbednost Vaših informacija.</p> <p><i>Kliknite "Proceed" ("Nastavi")</i></p>
<h2 style="text-align: center;">3. Welcome / Dobro došli</h2>		
<p>The organization you are currently associated with is ABC Health Foundation.</p> <p>You can submit and manage your funding request(s) to Novartis via this portal. All submitted requests are immediately sent to Novartis for review and further consideration. Novartis will contact you for additional information as needed via impact report.</p> <p>We recommend that you familiarize yourself with funding request submission process before you begin.</p> <p>If you submit requests on behalf of different organizations, make sure you have selected the correct profile. If you need to create an additional profile click here to add a new organization to your account.</p> <p>To begin a new request, click on the appropriate funding category type button below. You can save a partially completed application and return to it later by clicking on the "Continue" button next to the associated Program Title.</p> <p>If you face any technical difficulties or have any questions during submission, use the "Need Support" link located at the bottom of every page to contact our support team.</p>	<p>The organization you are currently associated with is (<i>your organization name</i>).</p> <p>You can submit and manage your funding request(s) to Novartis via this portal. All submitted requests are immediately sent to Novartis for review and further consideration. Novartis will contact you for additional information as needed via impact report.</p> <p>We recommend that you familiarize yourself with funding request submission process before you begin.</p> <p>If you submit requests on behalf of different organizations, make sure you have selected the correct profile. If you need to create an</p>	<p>Organizacija sa kojom ste trenutno povezani je (<i>naziv Vaše organizacije</i>).</p> <p>Možete podneti i upravljati zahtevima za finansiranje od strane kompanije Novartis preko ovog portala. Svi podneti zahtevi se odmah šalju kompaniji Novartis na uvid i dalje razmatranje. Kompanija Novartis će vas kontaktirati za dodatne informacije po potrebi putem izveštaja o uticaju.</p> <p>Preporučujemo da se upoznate sa procesom podnošenja zahteva za finansiranje pre nego što počnete.</p> <p>Ako podnosite zahteve u ime različitih organizacija, uverite se da ste izabrali</p>

	<p>additional profile click here to add a new organization to your account.</p> <p>To begin a new request, click on the appropriate funding category type button below. You can save a partially completed application and return to it later by clicking on the "Continue" button next to the associated Program Title.</p> <p>If you face any technical difficulties or have any questions during submission, use the "Need Support" link located at the bottom of every page to contact our support team</p>	<p>tačan profil. Ako je potrebno da kreirate dodatni profil kliknite ovde kako biste u Vaš nalog dodali novu organizaciju.</p> <p>Kako biste pokrenuli novi zahtev, kliknite odgovarajuću tipku tipa kategorije finansiranja. Delimično popunjen zahtev možete sačuvati i vratiti mu se kasnije klikom na tipku "Continue" ("Nastavi") pored pridruženog Naziva programa.</p> <p>Ako naiđete na tehničke poteškoće ili imate bilo kakva pitanja tokom slanja, koristite link "Need Support" ("Potrebna podrška") koji se nalazi na dnu svake stranice, kako biste kontaktirali naš tim za podršku</p>
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4. Organization Information / Informacije o organizaciji

Organization Information * indicates required field

Please ensure your user profile is up-to-date and reflects accurate profile information (including organization type)

* Organization Legal Name

* Country

* Address

Address 2

* City

Province

Zip/Postal Code

* E-mail Address

* Telephone

Fax

Website Address

* Mission Statement: Enter the Organization's Mission Statement and brief history.

(1983 character(s) remaining)

* Organization Type

* Is the organization a not for profit or non-governmental organization (NGO)?

* Is the Organization Accredited? Is the Organization accredited to provide Continuing Education credits for licensed Healthcare Professionals?

Accreditation Organization Type

[SAVE AND PROCEED](#)

[Need Support?](#)

Some mandatory information fields will be auto-completed from details provided in your registration.

Please complete any mandatory fields which are not auto-completed.

- * Organization Legal Name
- * Country (select from the drop-down options)
- * Address
- Address 2
- * City
- Province
- Zip / Postal Code
- * E-mail Address
- * Telephone
- Fax
- Website Address: Please enter your organization's web address
- * Mission Statement: Enter the organization's Mission Statement and brief history
- * Organization Type (select from drop down options)
 - Academic institution
 - Hospital/Clinic
 - Healthcare Quality Organization
 - Medical Education Company

Neka obavezna polja sa informacijama biće automatski popunjena na osnovu podataka navedenih u vašoj registraciji.

Molimo popunite sva obavezna polja koja nisu automatski popunjena.

- * Pravni naziv organizacije
- * Država (izaberite iz padajućeg menija)
- * Adresa
- Adresa 2
- * Grad
- Pokrajina
- Poštanski broj
- * E-mail adresa
- * Telefon
- Faks
- Adresa veb-sajta: Molimo da unesete adresu veb-sajta Vaše organizacije
- * Izjava o misiji: Uneti izjavu o misiji i kratku istoriju
- * Tip organizacije (izabрати iz padajućih opcija)
 - Akademska institucija
 - Bolnica/klinika
 - Organizacija za kvalitet usluga u zdravstvu

- Patient Advocacy
- Physician Group
- Professional Medical Society
- Research Facility
- Scientific Association
- Teaching Hospital
- University
- Other (*If you have selected 'Other', please complete 'Other Organization Type' field*)

*** Is the organization a not for profit or non-governmental organization (NGO)?**

- Yes
- No

*** Is the Organization accredited?**

- Yes
- No

• Accreditation Organization Type (*select from drop down list*)

- American Academy of Continuing Medical Education (AACME)
- American Academy of Family Physicians: (AAFP)
- The American Association of Nurse Practitioners (AANP)
- Accreditation Council for Pharmacy Education (ACPE)
- American Medical Association
- American Nurses Credentialing Center (ANCC)
- American Osteopathic Association (AOA)
- Council on Optometric Practitioner Education (COPE) / Association of Regulatory Boards of Optometry (ARBO)
- National Cancer Control Programs (NCCP)
- Other

- Kompanija za medicinsku edukaciju
- Zastupanje pacijenata
- Grupa lekara
- Profesionalno medicinsko udruženje
- Istraživački objekat
- Naučno udruženje
- Bolnica sa nastavom
- Univerzitet
- Drugo (*ako ste izabrali "Other" ("Drugo"), molimo da popunite polje "Other Organization Type" ("Drugi tip organizacije")*)

*** Da li je organizacija neprofitna ili nevladina (NVO)?**

- Da
- Ne

*** Da li je organizacija akreditovana?**

- Da
- Ne

• Tip akreditacione organizacije (*izabрати iz padajućih opcija*)

- American Academy of Continuing Medical Education (AACME) (Američka akademija kontinuirane medicinske edukacije)
- American Academy of Family Physicians (AAFP) Američka akademija porodičnih lekara
- The American Association of Nurse Practitioners (AANP) (Američko udruženje medicinskih sestara)
- Accreditation Council for Pharmacy Education (ACPE) (Akreditacioni savet za farmaceutsko obrazovanje)
- American Medical Association (Američko medicinsko udruženje)

Once you have completed the required fields, click **'SAVE AND PROCEED'**

- American Nurses Credentialing Center (ANCC) (Američki centar za akreditovanje medicinskih sestara)
- American Osteopathic Association (AOA) (Američko osteopatsko udruženje)
- Council on Optometric Practitioner Education (COPE) (Savet za obrazovanje optometrijskih praktičara) / Association of Regulatory Boards of Optometry (ARBO) (Udruženje regulatornih odbora optometrije)
- National Cancer Control Programs (NCCP) (Nacionalni programi za kontrolu kancera)
- Drugo

Nakon što popunite potrebna polja, kliknite **"SAVE AND PROCEED"** ("Sačuvaj i nastavi")

5. Contact information / Podaci za kontakt

Contact Information

* indicates required field

* First Name

* Last Name

* E-mail Address

* Telephone

* Contact Type Please pick the contact type that best describes your role.

SAVE AND PROCEED

[Need Support?](#)

* **First Name**

* **Last Name**

* **Email Address**

* **Telephone**

* **Contact Type: Please pick the contact type that best describes your role (select from drop-down options)**

- Board Member
- Executive Director
- Other
- Primary Contact

* **Ime**

* **Prezime**

* **Email adresa**

* **Telefon**

* **Tip kontakta Molimo da izaberete tip kontakta koji najbolje opisuje Vašu ulogu (izabрати iz padajućih opcija)**

- Član odbora
- Izvršni direktor
- Drugo
- Glavno lice za kontakt

	<ul style="list-style-type: none"> ○ Staff ○ Trustee <p>Click 'SAVE AND PROCEED'</p>	<ul style="list-style-type: none"> ○ Osoblje ○ Opunomoćenik <p>Kliknite "SAVE AND PROCEED" ("Sačuvaj i nastavi")</p>
<p>Contact Information</p> <p>Match: <input type="checkbox"/> Check the box to associate this individual with this application.</p> <p>Name: AMELIE GERARD Telephone Number: 07799404002 E-mail Address: susanperry@hotmail.com Contact Type: Executive Director</p> <p>SAVE AND PROCEED CREATE NEW</p>	<p>Match: Check the box to associate this individual with this application.</p>	<p>Uparivanje: Proverite okvir kako biste povezali ovo lice sa ovim zahtevom.</p>

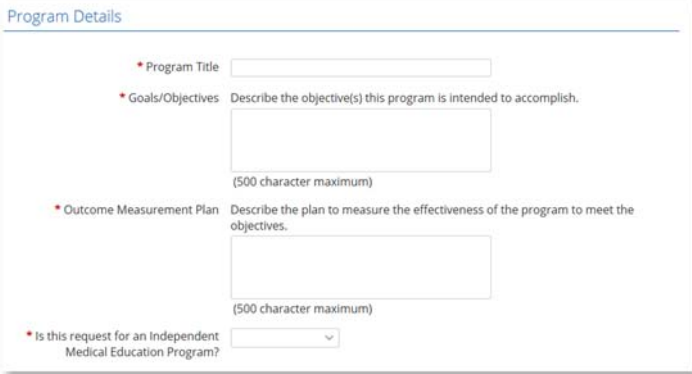
6. Proposal information / Informacije o predlogu

<p>Proposal Information</p> <p>Division (?) Please select Novartis Division you would like to submit this request.</p> <p>Geographical Outreach of the Program (?) Please indicate if the Program activity and/or Target Audience are limited to one country or multiple countries.</p> <p>Program Start Date MM/DD/YYYY</p> <p>Program End Date MM/DD/YYYY</p> <p>Source of Funding Support</p> <p>Request Amount Local Currency Code Select the currency that will apply to this application.</p> <p>Request Amount in Local Currency Amount Requested from Novartis.</p> <p>Total Cost of the Program</p>	<ul style="list-style-type: none"> * Division(?) Please select Novartis Division you would like to submit this request (select from drop-down options) <ul style="list-style-type: none"> ○ Oncology ○ Pharmaceuticals ○ Sandoz * Geographical Outreach of the Program(?) * Please indicate if the Program activity and/or Target Audience are limited to one country or multiple countries (select from drop-down options) <ul style="list-style-type: none"> ○ Single country ○ Multiple countries <p><i>If you have selected Single country, please also complete 7.1</i></p> <p><i>If you have selected 'Multiple Countries', please also complete section 7.2</i></p> * Program Start Date * Program End Date * Source of Funding Support <ul style="list-style-type: none"> ○ Novartis Only 	<ul style="list-style-type: none"> * Divizija (?) Molimo da odaberete Novartis diviziju kojoj želite da podnesete ovaj zahtev (izaberite iz padajućih opcija) <ul style="list-style-type: none"> ○ Onkologija ○ Farmacija ○ Sandoz * Geografski doseg programa (?) * Molimo da navedete da li su Programaska aktivnost i/ili Ciljna grupa ograničeni na jednu ili više zemalja (izabрати iz padajućih opcija) <ul style="list-style-type: none"> ○ Jedna zemlja ○ Više zemalja <p><i>Ako ste izabrali opciju "Jedna zemlja", molimo da popunite 7.1</i></p> <p><i>Ako ste izabrali "Više zemalja", molimo da popunite Odeljak 7.2</i></p> * Datum početka programa * Datum okončanja programa * Izvor finansijske podrške
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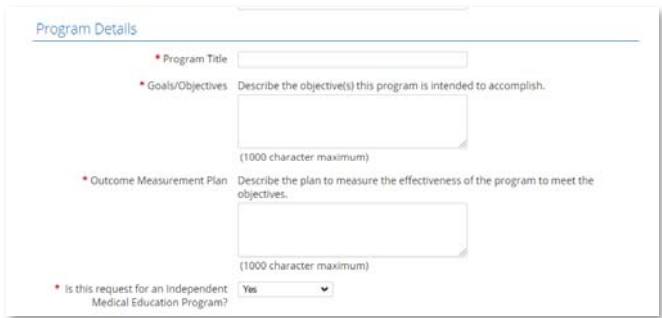
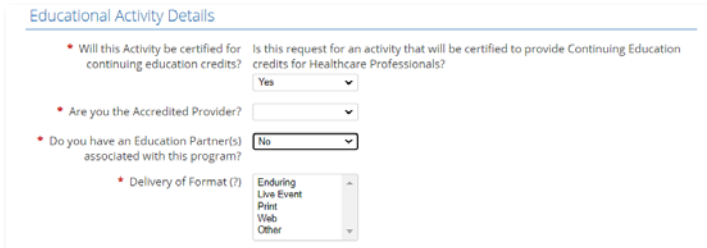
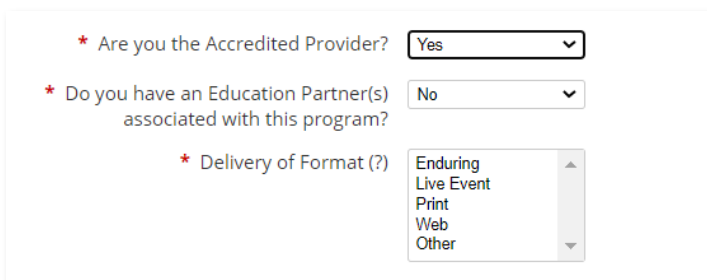
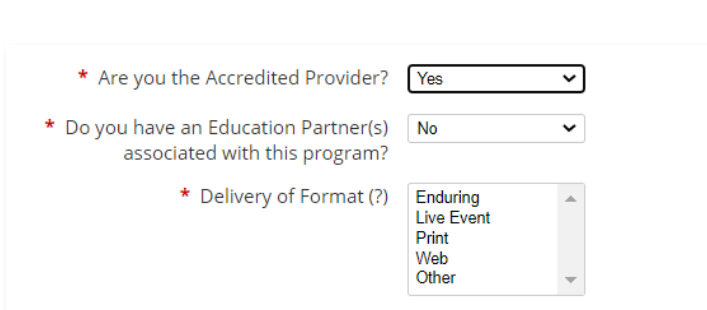
	<ul style="list-style-type: none"> ○ Multiple Supporters <i>If you have selected Multiple Supporters, complete Section 7.4</i> <ul style="list-style-type: none"> * Request Amount Local Currency Code * Request Amount in Local Currency * Amount Requested from Novartis. * Total Cost of the Program <ul style="list-style-type: none"> • Estimated Number of Each Audience Type: Provide estimated numbers for the audiences for which this activity will be certified or accredited 	<ul style="list-style-type: none"> ○ Samo Novartis ○ Više davalaca <i>Ako ste izabrali "Više davalaca", molimo da popunite Odeljak 7.4</i> <ul style="list-style-type: none"> * Zahtevajte oznaku lokalne valute iznosa * Zahtevajte iznos u lokalnoj valuti * Iznos zahteva od kompanije Novartis. * Ukupan trošak programa. <ul style="list-style-type: none"> • Procenjeni broj svakog tipa grupe: Navedite procenjeni broj za grupu za koju će ova aktivnost biti sertifikovana ili akreditovana
7.1	<ul style="list-style-type: none"> * Country of Request (select from drop-down options) <i>Dependent on your selection, you may be asked to complete 7.3</i> <p><i>Once completed, return to section 7</i></p>	<ul style="list-style-type: none"> * Država zahteva (izabrati iz padajućih opcija) <i>Zavisno od Vašeg izbora, od Vas se može tražiti da popunite 7.3</i> <p><i>Nakon što popunite, vratite se na odeljak 7</i></p>
7.2	<ul style="list-style-type: none"> * Countries where your program will take place (<i>Hold down the Shift key to select multiple countries</i>) <p><i>Dependent on your selection, you may be asked to complete 7.3</i></p> <p><i>Once completed, return to section 7</i></p>	<ul style="list-style-type: none"> * Zemlje u kojima će se odvijati vaš program (<i>Pritisnite i držite taster Shift kako biste izabrali više zemalja</i>) <p><i>Zavisno od Vašeg izbora, od Vas se može tražiti da popunite 7.3</i></p> <p><i>Nakon što popunite, vratite se na odeljak 7</i></p>
7.3	<ul style="list-style-type: none"> * Target Audience of the Program (<i>select from drop-down box</i>) 	<ul style="list-style-type: none"> * Ciljna grupa Programa (<i>izabrati iz padajućeg menija</i>)

	<ul style="list-style-type: none"> ○ Caregivers/Patients ○ Healthcare Professionals ○ Others <p><i>Once completed, return to section 7</i></p>	<ul style="list-style-type: none"> ○ Negovatelji / pacijenti ○ Zdravstveni radnici ○ Drugo <p><i>Nakon što popunite, vratite se na odeljak 7</i></p>
7.4	<ul style="list-style-type: none"> ● List Potential Supporter(s)/Partner(s) Provide names of other potential supporters to whom funding requests have been or will be made (<i>type name into field and click Add to List. Repeat as needed</i>) <p><i>Once completed, return to section 7</i></p>	<ul style="list-style-type: none"> ● Navesti potencijalne davaoce/partnere Navedite imena drugih potencijalnih davalaca kojima su zahtevi za finansiranje podneti ili će biti podnet (<i>unesite ime u polje i kliknite Add to List (Dodaj na listu)). Ponoviti po potrebi</i>) <p><i>Nakon što popunite, vratite se na odeljak 7</i></p>

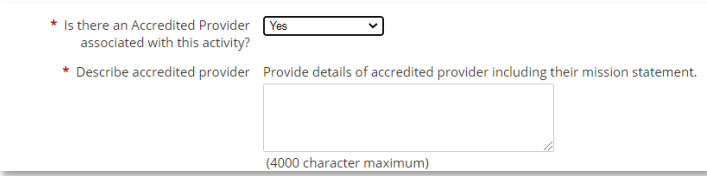
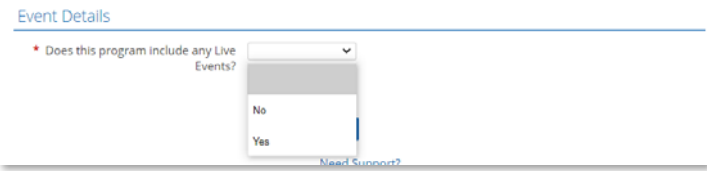
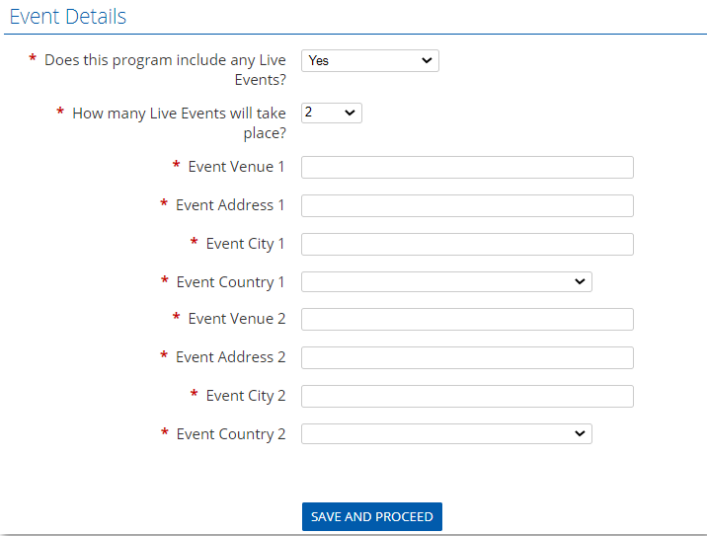
7. Program Details / Detalji Programa

	<ul style="list-style-type: none"> * Program Title * Goals/Objectives: describe the objective(s) this program is intended to accomplish. (500 character maximum) * Outcome Measurement Plan: describe the plan to measure the effectiveness of the program to meet the objectives. (500 character maximum) * Is this request for an Independent Medical Education Program? <i>If you have selected 'Yes', please complete section 8. Otherwise, proceed to section 10</i> 	<ul style="list-style-type: none"> * Naziv Programa * Ciljevi: opisati cilj(eve) koje je potrebno ostvariti ovim programom. (najviše 500 karaktera) * Plan merenja ishoda: opisati plan merenja efikasnosti programa u odnosu na ostvarenje ciljeva. (najviše 500 karaktera) * Da li se ovaj zahtev odnosi na Program nezavisne medicinske edukacije? <i>Ako ste izabrali "Da", molimo da popunite Odeljak 8. U suprotnom pređite na Odeljak 10</i>
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8. Educational Activity Details / Podaci o obrazovnoj aktivnosti

	<p>* Is this request for an activity that will be certified to provide Continuing Education Credits for Healthcare Professionals? <i>If you have selected 'Yes', please complete 8.1. Otherwise, proceed to 8.4</i></p>	<p>* Da li se ovaj zahtev odnosi na aktivnost koja će biti sertifikovana za davanje kredita za kontinuirano obrazovanje za zdravstvene radnike? <i>Ako ste izabrali "Da", molimo da popunite 8.1. U suprotnom pređite na 8.4</i></p>
<p>8.1</p> 	<p>* Will this Activity be certified for continuing education credits? <i>If you have selected 'Yes' please complete 8.2. Otherwise, proceed to 8.4</i></p>	<p>* Da li će ova aktivnost biti sertifikovana za kredite za kontinuirano obrazovanje? <i>Ako ste izabrali "Da", molimo da popunite 8.2. U suprotnom pređite na 8.4</i></p>
<p>8.2</p> 	<p>* Are you the Accredited Provider? <i>If you have selected 'Yes', please complete 8.3. Otherwise proceed to 8.4</i></p>	<p>* Da li ste akreditovani dobavljač? <i>Ako ste izabrali "Da", molimo da popunite 8.3. U suprotnom pređite na 8.4</i></p>
<p>8.3</p> 	<p>* Do you have an Education Partner(s) associated with this program? <i>If you have selected 'Yes', please complete 8.4. Otherwise proceed to 8.8</i></p>	<p>* Imate li Edukacionog(e) partnera(e) za ovaj program? <i>Ako ste izabrali "Da", molimo da popunite 8.4. U suprotnom pređite na 8.8</i></p>

<p>8.4</p> <p>* Describe education partner Provide details of education partner including their mission statement.</p> <p>(4000 character maximum)</p> <p>* Provide education partner email address</p> <p>* Delivery of Format (?)</p> <ul style="list-style-type: none"> Enduring Live Event Print Web Other 	<ul style="list-style-type: none"> * Describe Accredited Provider: Provide details of accreditation provider including their mission statement. (4000 character maximum) * Provide Accredited Provider Email Address * Delivery of Format (?) <ul style="list-style-type: none"> Enduring Live Event Print Web Other 	<ul style="list-style-type: none"> * Opišite akreditovanog dobavljača: Navedite podatke o davaocu akreditacije, uključujući njihovu izjavu o misiji. (najviše 4000 karaktera) * Navedite email adresu akreditovanog dobavljača * Isporuca formata (?) <ul style="list-style-type: none"> Dugotrajna Događaj uživo Štampa Web Drugo
<p>8.5</p> <p>Do you have an Education Partner(s) associated with this program? Yes</p>	<ul style="list-style-type: none"> * Do you have an Education Partner(s) associated with this program? <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p><i>If you have selected 'Yes', please complete 9.5. Otherwise proceed to 9.6</i></p> 	<ul style="list-style-type: none"> * Imate li Edukacionog(e) partnera(e) za ovaj program? <ul style="list-style-type: none"> <input type="radio"/> Ne <input type="radio"/> Da <p><i>Ako ste izabrali "Da", molimo da popunite 9.5. U suprotnom pređite na 9.6</i></p>
<p>8.6</p> <p>Describe education partner Provide details of education partner including their mission statement.</p> <p>(3995 character(s) remaining)</p> <p>Provide education partner email</p>	<ul style="list-style-type: none"> * Describe Education Partner: Provide details of Education Partner including their mission statement (4000 character maximum) * Provide Education Partner email address 	<ul style="list-style-type: none"> * Opišite edukacionog partnera Navedite detalje o edukacionom partneru, uključujući njegovu izjavu o misiji (najviše 4000 znakova) * Navedite email adresu edukacionog partnera
<p>8.7</p> <p>Delivery of Format To select multiple items from the list, please hold down the CTRL button on your keyboard and click on the list values that you would like to highlight.</p> <ul style="list-style-type: none"> Enduring Live Event Print Web Other 	<ul style="list-style-type: none"> * Delivery of Format (select from the drop-down options) <ul style="list-style-type: none"> <input type="radio"/> Enduring <input type="radio"/> Live Event <input type="radio"/> Print <input type="radio"/> Web <input type="radio"/> Other 	<ul style="list-style-type: none"> * Isporuca formata (izaberite iz padajućeg menija) <ul style="list-style-type: none"> <input type="radio"/> Dugotrajna <input type="radio"/> Događaj uživo <input type="radio"/> Štampa <input type="radio"/> Web <input type="radio"/> Drugo

	<p><i>If you have selected 'Other' please complete</i></p> <p>* Other Delivery of Format</p>	<p><i>Ako ste izabrali "Da", molimo da popunite</i></p> <p>* Druga isporuka formata</p>
<p>8.8</p> 	<p>* Is there an Accredited Provider associated with this activity?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><i>If you have selected 'Yes', please complete 8.6. Otherwise proceed to 8.5</i></p>	<p>* Da li je akreditovani dobavljač povezan sa ovom aktivnošću?</p> <p><input type="radio"/> Ne <input type="radio"/> Da</p> <p><i>Ako ste izabrali "Da", molimo da popunite 8.6. U suprotnom pređite na 8.5</i></p>
<p>9. Event details / Podaci o događajima</p>		
	<p>* Does this program include any live events?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><i>If you have selected 'Yes', please complete 9.1, otherwise proceed to 9.2</i></p>	<p>* Da li ovaj program uključuje žive događaje?</p> <p><input type="radio"/> Ne <input type="radio"/> Da</p> <p><i>Ako ste izabrali "Da", molimo da popunite 9.1, U suprotnom pređite na 9.2</i></p>
<p>9.1</p> 	<p>* How many Live events will take place? (select number from the drop-down options)</p> <p><i>When you have entered the number of events, you will be asked to complete the following fields for each event:</i></p> <p>* Event Venue</p> <p>* Event Address</p> <p>* Event City</p> <p>* Event Country</p>	<p>* Koliko događaja uživo će biti organizovano (Izaberite broj iz padajućih opcija)</p> <p><i>Kada unesete broj događaja, od vas će biti zatraženo da popunite sledeća polja za svaki događaj:</i></p> <p>* Mesto događaja</p> <p>* Adresa događaja</p> <p>* Grad događaja</p> <p>* Država događaja</p>

9.2

Click 'SAVE AND PROCEED'

Kliknite "SAVE AND PROCEED"
("Sačuvaj i nastavi")**10. Requested Funding / Zahtevana finansijska sredstva**

Requested Funding * indicates required field

Line Item	Category	Sub-Category	Description/Details of Spend	Estimated Total Program Cost	Currency
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EUR
Grand Total				0	

Add Line Item

SAVE AND PROCEED

* **Line Item:** you do not need to take any action in this column. You can add line items by clicking on 'Add Line Item' shown in the red box on the screen to the left)

* **Category:** select the category into which your first line item falls:

If you select:

- Honoraria – see 10.1
- Management Fees – see 10.2
- Onsite Out of Pocket Expenses – see 10.3
- Out of Pocket Expenses – see 10.4

* **Stavka:** U ovoj koloni ne treba da uradite ništa. Stavke možete dodati klikom na tipku "Add Line Item" ("Dodaj stavku") prikazanu u crvenom okviru na ekranu levo)

* **Kategorija:** izaberite kategoriju kojoj pripada Vaša prva linija:

Ako izaberete:

- Honoraria (Honorari) – videti 10.1
- Management Fees (Naknade za rukovođenje) – videti 10.2
- Onsite Out of Pocket Expenses (Gotovinski troškovi na licu mesta) – videti 10.3

Out of Pocket Expenses (Gotovinski troškovi) – videti 10.4

10.1 Honoraria

* **Sub-Category (select from drop-down options)**

- Others
- Speaker

* **Description / Details of Spend**

* **Estimated Total Program Cost**

* **Potkategorija (izabrati iz padajućih opcija)**

- Drugo
- Govornik

* **Opis / Detalji potrošnje**

* **Procenjeni ukupan trošak programa**

10.2 Management Fees

* **Sub-Category (select from drop-down options)**

- Administrative Services
- Audience Recruitment
- Content Development

* **Potkategorija (izabrati iz padajućih opcija)**

- Administrativne usluge
- Izbor publike
- Razvoj sadržaja

	<ul style="list-style-type: none"> ○ Faculty Recruitment ○ Others ○ Program Management ○ Web Development <p>* Description / Details of Spend</p> <p>* Estimated Total Program Cost: <i>please note that the Grand Total must equal Total Cost of the Program</i></p>	<ul style="list-style-type: none"> ○ Izbor fakulteta ○ Drugo ○ Upravljanje programom ○ Veb-programer <p>* Opis / Detalji potrošnje</p> <p>Procenjeni ukupni trošak programa: <i>molimo da imate u vidu da Ukupni zbir mora biti jednak Ukupnom trošku programa</i></p>
10.3 Onsite Out of Pocket Expenses	<p>* Sub-Category (select from drop-down options)</p> <ul style="list-style-type: none"> ○ Accommodation – Attendees ○ Accommodation – Faculty ○ Accommodation – others ○ Accommodation – Staff ○ Meals – Attendees ○ Meals – Faculty ○ Meals – Others ○ Meals – Staff ○ Travel – Attendees ○ Travel – Faculty ○ Travel – Others ○ Travel – Staff <p>* Description / Details of Spend</p> <p>* Estimated Total Program Cost</p>	<p>* Potkategorija (izabrati iz padajućih opcija)</p> <ul style="list-style-type: none"> ○ Smeštaj – Učesnici ○ Smeštaj – Fakultet ○ Smeštaj – Ostali ○ Smeštaj – Osoblje ○ Ishrana – Učesnici ○ Ishrana – Fakultet ○ Ishrana – Ostali ○ Ishrana – Osoblje ○ Putovanje – Učesnici ○ Putovanje – Fakultet ○ Putovanje – Ostali ○ Putovanje – Osoblje <p>* Opis / Detalji potrošnje</p> <p>* Procenjeni ukupan trošak programa</p>
10.4 Out of Pocket Expenses	<p>* Sub-Category (select from drop-down options)</p> <ul style="list-style-type: none"> ○ Advertising ○ Association Fee ○ Audio Visual ○ Certification ○ Certification fees ○ Invitation Development Distribution ○ Meeting Materials 	<p>* Potkategorija (izabrati iz padajućih opcija)</p> <ul style="list-style-type: none"> ○ Reklamiranje ○ Naknada za pridruživanje ○ Audio-Vizuelni s. ○ Sertifikacija ○ Naknade za sertifikaciju ○ Dostavljanje poziva ○ Materijali za sastanak

- Others
- Venue Rental
- Website Hosting Fee

* **Description / Details of Spend**

* **Estimated Total Program Cost**

- Drugo
- Najam mesta
- Naknada za hosting veb-sajta

* **Opis / Detalji potrošnje**

* **Procenjeni ukupan trošak programa**

11. Attachments / Prilozi

Attachments

* Formal Letter of Request

* Full Program Proposal

Program Objectives

Agenda

Needs Assessment

Outcomes measurement plan

Other Supporting Documents

Additional Comments

(4000 character maximum)

* **Formal Letter of Request** – see 11.1

* **Full Program Proposal** – see 11.2

* **Program Objectives**

- **Agenda**

- **Needs Assessment**

- **Outcomes measurement plan**

- **Other Supporting Documents**

- **Additional Comments** (4000 character maximum)

Click 'SAVE AND PROCEED'

* **Formalni zahtev** – videti 11.1

* **Potpun predlog programa** – videti 11.2

* **Ciljevi programa**

- **Agenda**

- **Procena potreba**

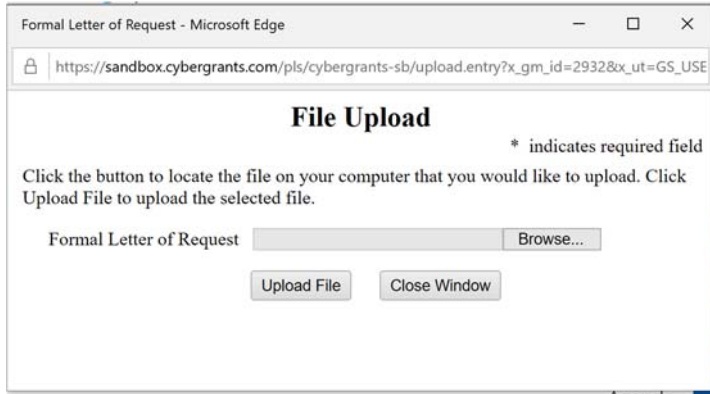
- **Plan merenja ishoda**

- **Drugi propratni dokumenti**

- **Dodatni komentari** (najviše 4000 karaktera)

Kliknite "SAVE AND PROCEED" ("Sačuvaj i nastavi")

11.1



File upload

Click the (**'Browse'**) button to locate the file on your computer that you would like to upload. Click Upload File to upload the selected file.

Formal Letter of Request

Upload File

Close Window

Učitavanje fajla

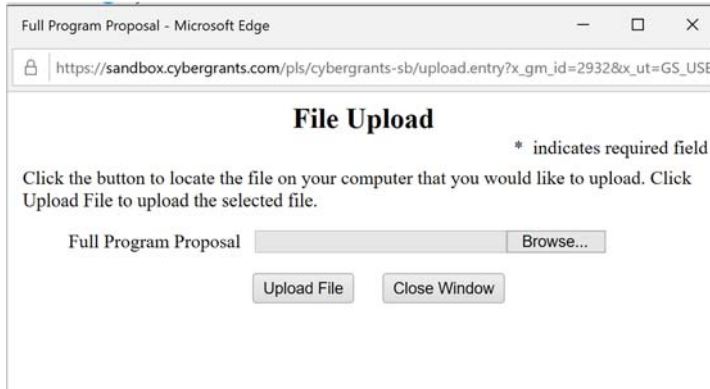
Kliknite tipku (**"Browse"** (**"Pretraživanje"**))) kako biste locirali fajl na Vašem računaru koji želite da učitate. Kliknite "Upload File" kako biste učitali izabrani fajl.

Formalni zahtev

Učitati fajl

Zatvoriti prozor

11.2



File upload

Click the button to locate the file on your computer that you would like to upload. Click Upload File to upload the selected file.

Full Program Proposal

Upload File

Close Window

Učitavanje fajla

Kliknite tipku kako biste locirali fajl na Vašem računaru koji želite da učitate. Kliknite "Upload File" kako biste učitali izabrani fajl.

Predlog punog programa


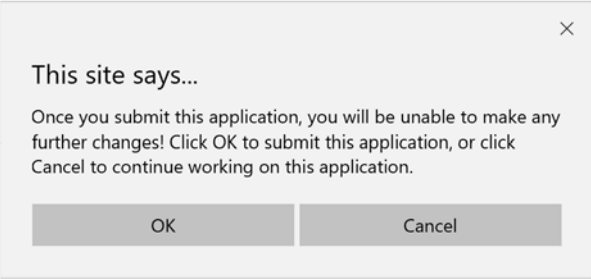
Učitati fajl

Zatvoriti prozor

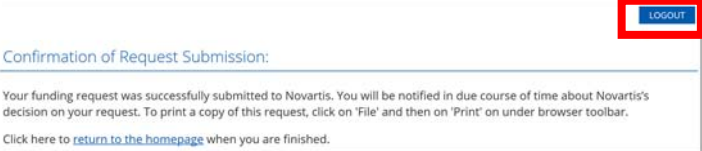
<p>Attestation</p> <p><small>* indicates required field</small></p> <p>I acknowledge that Novartis support must not in any way (directly or indirectly) be connected to or conditioned upon any prescribing, purchasing or recommending any product manufactured or marketed by Novartis.</p> <p>I confirm that this proposal is unsolicited and has been developed independently with no (direct or indirect) influence or prior discussion with any Novartis Medical or Commercial associate.</p> <p>I acknowledge that the information and responses provided in this application are truthful, accurate and complete.</p> <p>In compliance with applicable transparency law, I commit to provide accurate and timely data to Novartis.</p> <p>* I confirm to the statement above <input type="checkbox"/> Yes</p> <p>* I acknowledge that any real, potential or perceived conflicts of interest are described here. (7)</p> <p>(4000 character maximum)</p> <p>SAVE AND PROCEED</p>	<p>I acknowledge that Novartis support must not in any way (directly or indirectly) be connected to or conditioned upon any prescribing, purchasing or recommending any product manufactured or marketed by Novartis.</p> <p>I confirm that this proposal is unsolicited and has been developed independently with no (direct or indirect) influence or prior discussion with any Novartis Medical or Commercial associate.</p> <p>I acknowledge that the information and responses provided in this application are truthful, accurate and complete.</p> <p>In compliance with applicable transparency law, I commit to provide accurate and timely data to Novartis.</p> <p>* I confirm to the statements above Yes</p> <p>* I acknowledge that any real, potential or perceived conflicts of interest are described here. (4000 character maximum)</p> <p>Click 'SAVE AND PROCEED'</p>	<p>Potvrđujem i saglasan sam da podrška kompanije Novartis ne sme na bilo koji način (direktno ili indirektno) biti povezana ili uslovljena bilo kojim propisivanjem, kupovinom ili preporučivanjem bilo kog proizvoda koji proizvodi ili plasira kompanija Novartis.</p> <p>Potvrđujem da je ovaj predlog netražen i da je razvijen nezavisno bez ikakvog (direktnog ili indirektnog) uticaja ili prethodne rasprave sa bilo kojim medicinskim ili komercijalnim saradnikom kompanije Novartis.</p> <p>Potvrđujem i saglasan sam da su informacije i odgovori dati u ovom zahtevu istiniti, tačni i potpuni.</p> <p>U skladu sa važećim zakonom o transparentnosti, obavezujem se da kompaniji Novartis dajem tačne i pravovremene podatke.</p> <p>* Potvrđujem navedene izjave Da</p> <p>* Potvrđujem i saglasan sam da su ovde opisani svi stvarni, potencijalni ili primećeni sukobi interesa. (najviše 4000 karaktera)</p> <p>Kliknite "SAVE AND PROCEED" ("Sačuvaj i nastavi")</p>
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13. Review your application / Proverite Vašu prijavu

<p>Review Your Application</p> <p>Please review your proposal information. If you are not ready to submit your proposal at this time, click the "Save Only" button. The proposal will then be available to edit from the Welcome page. Clicking the Submit button will immediately send the application to Novartis and you will then be unable to perform further editing.</p>	<p>Please review your proposal information. If you are not ready to submit your proposal at this time, click the "Save Only" button. The proposal will then be available to edit from the Welcome page. Clicking the</p>	<p>Pregledajte informacije o vašem predlogu. Ako trenutno niste spremni da podnesete Vaš predlog, kliknite na tipku "Save only"("Samo sačuvaj"). Predlog će tada biti dostupan za</p>
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	<p>Submit button will immediately send the application to Novartis and you will then be unable to perform further editing.</p>	<p>uređivanje sa stranice dobrodošlice. Klikom na dugme tipku Submit (Pošalji) odmah ćete podneti zahtev kompaniji Novartis i tada nećete moći da izvršite dalje uređivanje.</p>
	<p><i>Review the information on the page and if you are satisfied it is correct, click 'SUBMIT' or 'SAVE ONLY'</i></p>	<p><i>Proverite informacije na stranici i ako ste sigurni da su tačne, kliknite na "SUBMIT" ("PODNESI") ili "SAVE ONLY" ("SAMO SAČUVAJ")</i></p>
	<p><i>If you have clicked 'SUBMIT' the following pop-up box will appear</i></p> <p>This site says... Once you submit this application, you will be unable to make any further changes! Click OK to submit this application or click Cancel to continue working on this application.</p>	<p><i>Ako ste kliknuli "SUBMIT" ("PODNESI"), pojaviće se sledeći iskačući okvir:</i></p> <p>This site says... (Ovaj sajt kaže) Nakon što predate ovaj zahtev, nećete moći da unosite dalje izmene! Kliknite OK kako biste poslali ovu prijavu ili kliknite Cancel (Odustani) kako biste nastavili da radite na ovom zahtevu.</p>

14. Confirmation of Request Submission / Potvrda podnošenja zahteva

	<p><i>If you have clicked 'OK', the following text will appear at the top of the page</i></p> <p>Your funding request was successfully submitted to Novartis. You will be notified in due course of time about Novartis's decision on your request. To print a copy of this request, click on 'File' and then on 'Print' on under browser toolbar. Click here to <u>return to the homepage</u> when you are finished.</p> <p><i>If you wish to leave the site, use the blue 'LOGOUT' on the top right of the screen.</i></p>	<p><i>Ako ste kliknuli na "OK", sledeći tekst će se pojaviti na vrhu stranice</i></p> <p>Vaš zahtev za finansiranje je uspešno podnet kompaniji Novartis. O odluci kompanije Novartis o vašem zahtevu ćete biti blagovremeno obavешteni. Kako biste odštampali kopiju ovog zahteva, kliknite na "File" ("Datoteka"), a zatim na "Print" ("Štampaj") ispod trake pregledača. Kliknite ovde radi <u>povratka na početnu stranicu</u> kada završite.</p> <p><i>Ukoliko želite da napustite sajt, koristite plavu tipku "LOGOUT" ("Izloguj se") u gornjem desnom uglu ekrana.</i></p>
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