

Olympus Medical Grants Portal

North America & Latin America



Application Guide- Medical Education

How to Submit a Medical Education Grant Request

Important Information

- The Olympus Medical Grants Portal accepts grant applications for eligible healthcare events taking place in the Americas and/or events coordinated by organizations based in the Americas.
- In order to access our system, you must create a user account. Only registered users can submit grant requests. Download the [Olympus Grants Registration Guide](#) for instructions.
- Before submitting a request, review our program [website](#) for detailed information about the types of support we offer, additional eligibility requirements and an overview of the application process.
- **Applications must be submitted at least 60 calendar days before your event start date.**
- Olympus sales and marketing personnel are not permitted to participate in the grants process and will not have any information regarding the status of your request. Please direct all grant inquiries to the Olympus Grants Team-Americas.



System Functionality Notes



- **Preferred Browser:** For optimal performance, please use Google Chrome when accessing the portal.



- **Saving Your Work:** The system does not auto-save. Be sure to click the SAVE button regularly to avoid losing progress.



- **Troubleshooting:** If a page becomes unresponsive, try clicking SAVE to refresh the form. Do not refresh your browser unless you've saved your work, as unsaved changes will be lost.



- **Language Availability:** The portal supports English, Spanish, and Portuguese. However, due to system limitations, some buttons and error messages may appear only in English.

Logging into your account



Medical Grants Portal: Americas & Interregional

- 1) Enter your email address and password
- 2) Click on the Sign in button

Note: These steps should be completed only after your registration has been approved and you've followed the instructions provided in the confirmation email to set up your account.

A screenshot of the login form is shown. A yellow oval highlights the 'Username' and 'Password' input fields, which are labeled with a yellow circle containing the number '1'. Below these fields is a 'Sign in' button, labeled with a yellow circle containing the number '2'. A blue arrow points from the 'Forgot Password?' link to the tip box below.

[Forgot Password?](#)

Tip: Your username is the email address you entered during the account creation steps.

If you forget your password, click Forgot Password

ENGLISH: Click to view detailed instructions

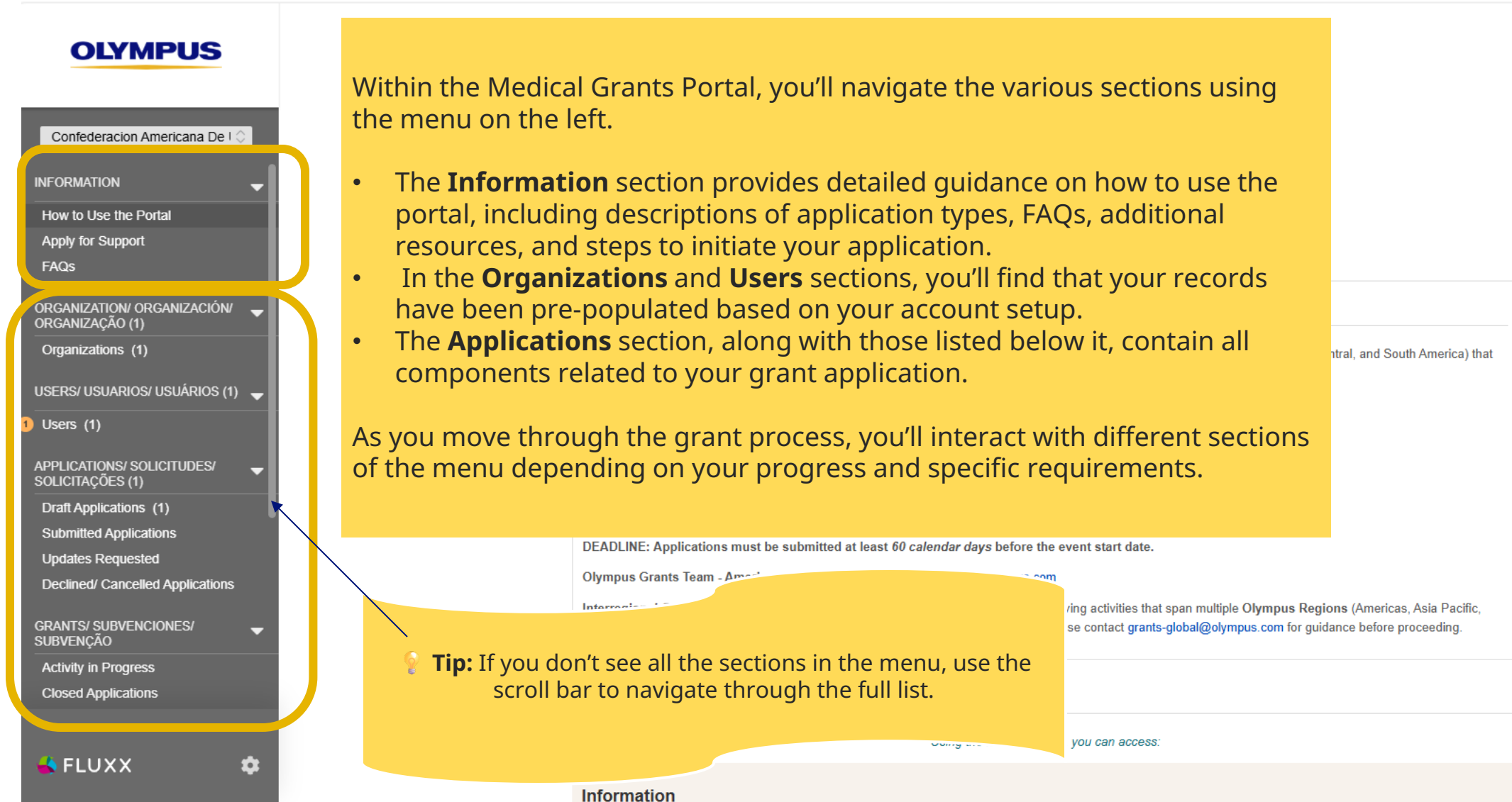
- Click **Register** to create a new account.
- If you already have an account, sign in using your username and password under **Login**.
- If you have forgotten your password, click the **Forgot Password?** button to reset it.

Register

ESPAÑOL: Haga clic para ver instrucciones detalladas

PORTUGUÊS (BR): Clique para ver as instruções detalhadas

Navigating the Grants Portal Menu



The screenshot shows the Olympus Medical Grants Portal interface. The left sidebar contains a menu with the following sections: INFORMATION, ORGANIZATION/ ORGANIZACIÓN/ ORGANIZAÇÃO (1), USERS/ USUARIOS/ USUÁRIOS (1), APPLICATIONS/ SOLICITUDES/ SOLICITAÇÕES (1), and GRANTS/ SUBVENCIONES/ SUBVENÇÃO. The INFORMATION section is highlighted with a yellow box. A yellow callout box with a lightbulb icon contains the following text:

Within the Medical Grants Portal, you'll navigate the various sections using the menu on the left.

- The **Information** section provides detailed guidance on how to use the portal, including descriptions of application types, FAQs, additional resources, and steps to initiate your application.
- In the **Organizations** and **Users** sections, you'll find that your records have been pre-populated based on your account setup.
- The **Applications** section, along with those listed below it, contain all components related to your grant application.

As you move through the grant process, you'll interact with different sections of the menu depending on your progress and specific requirements.

Tip: If you don't see all the sections in the menu, use the scroll bar to navigate through the full list.

The main content area shows a section titled "DEADLINE: Applications must be submitted at least 60 calendar days before the event start date." Below this, there is a link to "Olympus Grants Team - Americas" and a note about "Interregional" activities that span multiple Olympus Regions (Americas, Asia Pacific, Europe, and South America) that you can access: grants-global@olympus.com.

Step 1: Create a New Grant Request

OLYMPUS

Confederacion Americana De I

INFORMATION

How to Use the Portal

1 Apply for Support

FAQs

ORGANIZATION/ ORGANIZACIÓN/
ORGANIZAÇÃO (1)

Organizations (1)

USERS/ USUARIOS/ USUÁRIOS (1)

1 Users (1)

APPLICATIONS/ SOLICITUDES/
SOLICITAÇÕES (1)

Draft Applications (1)

Submitted Applications

Updates Requested

Declined/ Cancelled Applications

GRANTS/ SUBVENCIONES/
SUBVENÇÃO

Activity in Progress

Closed Applications

FLUXX

6

- 1) Navigate the portal using the side menu and select Apply for Support.
- 2) Click on the Medical Education Application button.
 - Use this application to request monetary and/or in-kind support for live or online independent medical educational conferences, workshops, or resources that are open and advertised to qualified health care professionals from multiple institutions.
 - Do not use this application to request exhibit or sponsorship support.



Tip:

- Review the different application types as well as the support type descriptions to determine which request type is right for you.
- Before you begin your application, confirm that your event is eligible for Olympus support.
- Review eligibility guidelines here and on the [Olympus Grants Program Website](#).

2

Medical Education Application

Use this application to request monetary and/or in-kind support for live or online independent medical educational conferences, workshops, or resources that are open and advertised to qualified health care professionals from multiple institutions.

Do not use this application to request exhibit or sponsorship support.

Requests directly benefitting individual health care professionals, or requests designed to solely benefit health care professionals from a single institution, are not eligible.

Fellowships (Coordinated by Medical Societies)

Use this application to request monetary support for a clinical fellowship coordinated by a medical society.


Current priority areas include advanced endoscopy, interventional urology and interventional pulmonology.

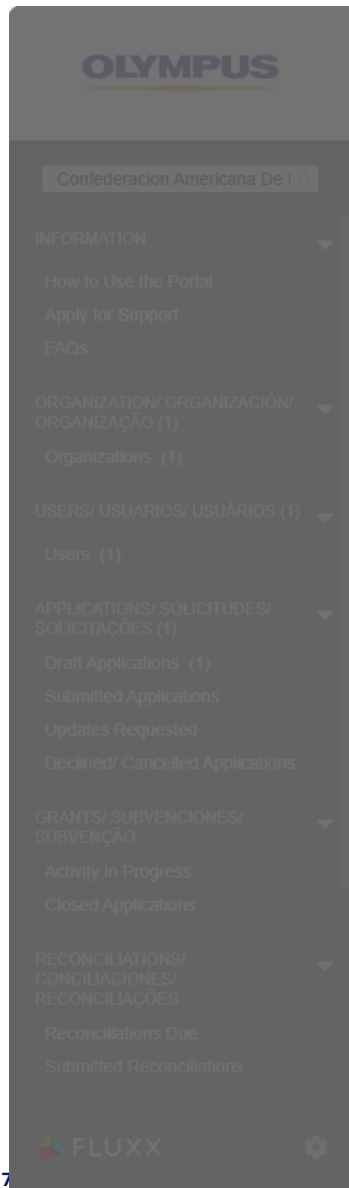
Requests for clinical fellowships coordinated by universities, medical schools and/or teaching hospitals are not eligible. Requests for non-clinical fellowships are also not eligible.

Fellowship Application

IMPORTANT - Grant applications must be submitted at least **60 calendar days** before the event start date.

Application Process Reminders

 **Tip:** Each application has a unique Grant ID shown here. Use this when contacting Olympus Grants Team-Americas with questions.



Confederacion Americana De Urologia CAU

ID: MED-FY-26-00312
Requested:
Created: 11/3/2025

Draft → Under Review → **Granted** → Not Awarded

▼ Table of Contents

- Organization Information
- General Information
- Documents
- Agreement

Required fields are in bold

Organization Information

If you are a grant writer for multiple organizations, please select the requesting organization for this application. Select or provide information for the individual authorized to sign the grant agreement in the Primary Signatory field. If another individual will assist you in completing portions of this application, please enter their information in the Additional Contact field.

Organization Name: Confederacion Americana De Urologia

Department (do not update): Confederacion Americana De Urologia

Primary Contact: [Add New](#)

Primary Signatory: [Add New](#)

Additional Contact: [Add New](#)

▼ General Information


Country Where:

[Cancel](#) [Save](#) [Save and Close](#)

A new application will open in edit mode, and you can begin the application.

- **Save** allows you to save what you are entering into the application and continue entering information.
- **Save and Close** will save your work and close the current application record.
- **Cancel** will exit edit mode, without saving.

Step 2: Complete the Organization Information Section

 **Tip:** Be sure to inform both the Primary Signatory and Additional Contact about their roles in the application process. They will receive an email prompting them to create an account and take necessary action.

OLYMPUS

Confederacion Americana De Urologia CAU

INFORMATION

- How to Use the Portal
- Apply for Support
- FAQs

ORGANIZATION/ ORGANIZACAO/ ORGANIZAÇÃO (1)

- Organizations (1)

USERS/ USUARIOS/ USUÁRIOS (1)

- Users (1)

APPLICATIONS/ SOLICITUDES/ SOLICITAÇÕES (1)

- Draft Applications (1)
- Submitted Applications
- Updates Requested
- Declined/ Cancelled Applications

GRANTS/ SUBVENCIONES/ SUBVENÇÃO

- Activity in Progress
- Closed Applications

RECONCILIATIONS/ CONCILIAÇÕES/ RECONCILIAÇÕES

Confederacion Americana De Urologia CAU

ID: MED-FY-26-00312
Requested:
Created: 11/3/2025

Draft

Under Review

Table of Contents

Organization Information
General Information
Documents
Agreement

Organization Information

If you are a grant writer for multiple organizations, please select the requesting organization. Select or provide information for the individual authorized to sign the grant agreement in the application. If another individual will assist you in completing portions of this application, please enter their details in the Additional Contact section.

1

Organization Name

Confederacion Americana De Urologia CAU

2

Primary Contact

Michael Smith

Add New

3

Primary Signatory

Add New

4

Additional Contact

Add New

- 1) **Organization Name:** This field will automatically populate based on the details provided during Registration. If you registered for more than one organization, you will be able to select which organization this application is for from a drop-down list.

2) **Primary Contact:** This field should typically be the individual completing the application. This is who we will contact with any questions regarding the application. If appropriate, you may select a different Primary Contact from the list of individuals associated with the organization.
 - If the Primary Contact is not listed, click Add New to open a window where you can enter their information.

3) **Primary Signatory:** This is the individual authorized to enter into a contract with Olympus should the Grant be approved.
 - To add a Primary Signatory:** click Add New and complete the required fields.

4) **Additional Contact:** If someone else will assist you in completing parts of the application, enter their details in the Additional Contact section. They will be able to access the application by creating an account.

Step 3: Complete the General Information Section

▼ General Information

Country Where Program is Held

United States

1

Select the country or territory (if Puerto Rico) where the event is being held.

Therapeutic Area

Gastroenterology

Program Title

GI Program 2025

This should match the title you use when advertising the program. Do not add additional general descriptions.

Program Summary

2

The program includes three hands-on workshops and one lecture. The 2-day Gastroenterology Program was designed to enhance participants' knowledge and skills in the diagnosis, management, and treatment of gastrointestinal disorders. The program combined didactic lectures, interactive discussions, and hands-on sessions to provide a comprehensive understanding of current trends, technologies, and evidence-based practices in gastroenterology.

Characters left for field: 557
"See attached" is not acceptable, but an additional attachment may be included in the Documents section.

Support Requested from Olympus

Monetary and In-Kind

3

Amount Requested from Olympus

\$6,000

4

(USD)

Is in-kind support being sought from other sources for this program?

Yes

IMPORTANT – The default currency is U.S. Dollars (USD). Every monetary value entered in your grant request must be in USD.

- 1) Select the **Country** in where your program is held. The country selected will determine the types of Olympus support for which you are eligible.
- 2) Your **Program Summary** should be a freestanding, high-level executive summary that concisely explains the general nature of the program. "See Attached" is not acceptable.
- 3) **Monetary and In-kind** support (where available) should be sought in a single request. Note that in-kind support is currently available for events held in the United States, Puerto Rico, Canada, Mexico, Brazil, and Chile.
- 4) Enter the **amount** of financial support you are seeking from Olympus. If you aren't seeking financial support, enter \$0.00. This amount must match the figure listed in the Budget section, where you will provide a line-item breakdown of how Olympus grant funds will be allocated.

Screen shot continued on next page...

Step 3: Complete the General Information Section (cont.)

Is in-kind support being sought from other sources for this program? 5

Please indicate potential in-kind supporters. 5

Program Start Date 6
This date must be at least 60 days from today's date.

Program End Date 6

Needs Assessment Summary 7
significantly enhance diagnostic and therapeutic capabilities. However, many practicing clinicians face challenges in keeping pace with t innovations, particularly in applying new technologies to complex gastrointestinal diseases.
Recent studies highlight gaps in the early detection and management of conditions such as colorectal cancer, inflammatory bowel disease, Barrett's esophagus. Additionally, procedural variability and limited access to structured hands-on training contribute to inconsistencies in outcomes.
Characters left for field: 312
Please provide a high level summary of the educational gap(s) this program will address. This should answer the question "Why is this program ne

Is this program accredited? 8

- 5) If In-kind support has been secured (or will be sought) from other sources, please indicate other **potential supporters** in the field provided.
- 6) IMPORTANT – You must submit your grant application at least **60 calendar days** before your **program start date**.
- 7) Under the **Needs Assessment Summary**, describe the knowledge and/or practice gaps to be addressed by the program. Response should answer the question, "Why is this program needed?"
- 8) Please indicate whether your program is **accredited**—meaning participants are eligible to receive CME or similar continuing education credit. Accreditation status does not affect the eligibility of your request, as the OCA Grants Committee reviews both accredited and non-accredited programs.

Step 4: Complete the Delivery Format Section



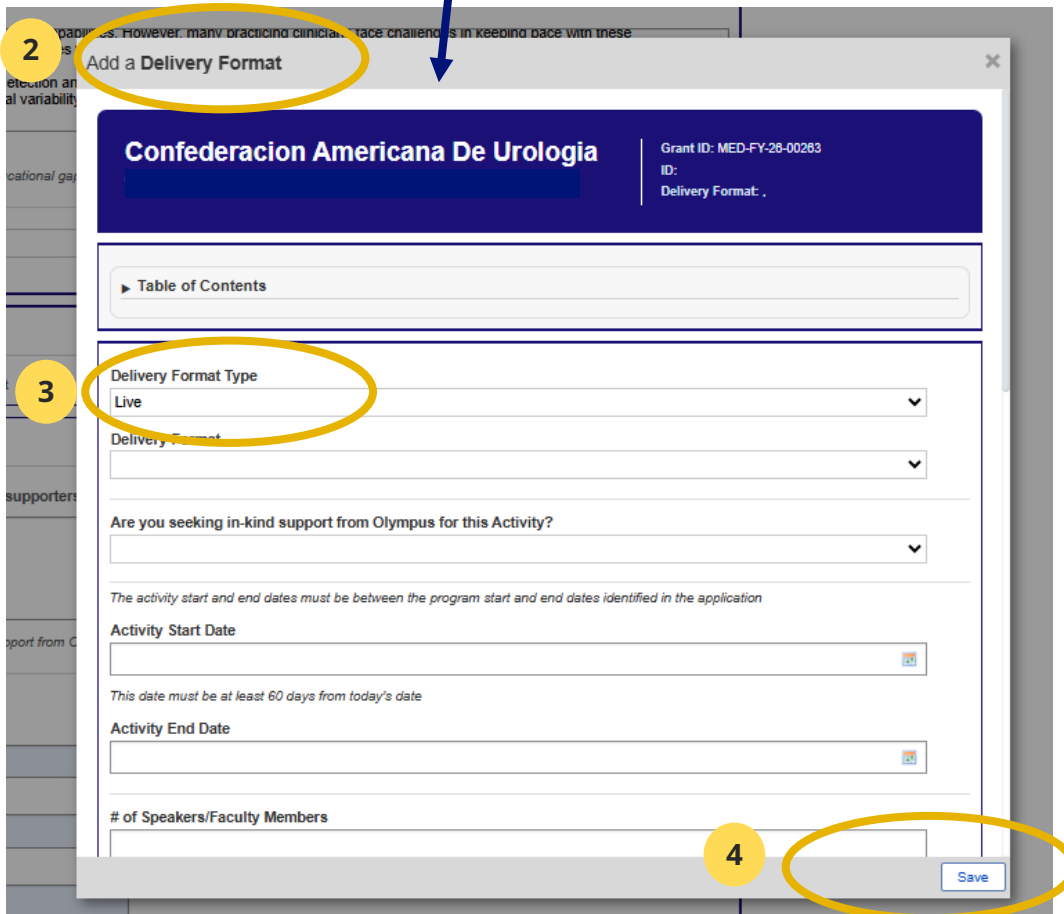
Delivery Format

1

+

⚠ You must add at least one Delivery Format

New Window



2 Add a Delivery Format

Confederacion Americana De Urologia Grant ID: MED-FY-28-00283
ID: Delivery Format: .

3

Delivery Format Type
Live

Delivery Format

Are you seeking in-kind support from Olympus for this Activity?

The activity start and end dates must be between the program start and end dates identified in the application

Activity Start Date

This date must be at least 60 days from today's date


Activity End Date

of Speakers/Faculty Members

4

Save

- 1) You must add at least one **Delivery Format** to proceed with your application, to do so click the "+" button to add a Delivery Format Entry.
- 2) A **new window** will open with additional fields related to Delivery Format.
- 3) Complete the fields within that window starting **with Delivery Format Type**.
- 4) Ensure that you click **Save** to ensure that your entry is saved.

 **Tip:** Review your agenda to identify the number and type(s) of Activities included in your program. The Delivery Format refers to how each Activity's educational content is presented (e.g., lecture, workshop, webinar).

Screen shot continued on next page...

Step 4: Complete the Delivery Format Section (cont.)

IMPORTANT: An overview of each **Delivery Format** entry will be displayed in this section.

Delivery Format +

Live, Hands On Workshop(s) January 24, 2026 - January 26, 2026	Edit ⊖
Live, Lectures/Didactic Session(s) January 26, 2026 - January 26, 2026	Edit ⊖

You must add at least one Delivery Format

- To view or update full details, click **Edit**.
- **Caution:** Clicking the red circle button with a line (the Delete or Erase icon) will delete the entry.

Step 5: If your request includes a financial component, complete the Budget Section

For in-kind only requests: while this section is not required to be completed, you will need to upload a budget document in the Documents section.

▼ Budget

Please indicate other potential monetary supporters

Company 1, Company 2, Company 3

Note: For programs seeking monetary grant support from Olympus, the Grants Committee

Currency:USD

Anticipated Revenue from Registrations

\$2,000

Anticipated Revenue from Grant Support

\$6,000

Anticipated Revenue from Sponsorship/Exhibit Support

\$2,000

Is there other anticipated revenue?

Yes

Anticipated Revenue - Other

\$300.00

Please Specify Source of Revenue - Other

Funds from the Society allocated for this program.

Provide details on where this other revenue is coming from.


Total Anticipated Revenue:

6

\$10,300.00

- 1) Please identify any confirmed or potential sources of monetary support for your program.

- Note: Olympus cannot be the sole provider of monetary support. You are required to seek funding from additional industry partners.
- 2) **Anticipated Revenue from Registrations:** Enter your working estimate of revenue expected from registration fees.
- 3) **Anticipated Revenue from Grant Support:** Provide the total amount of grant funding you anticipate receiving from all sources, including but not limited to Olympus.
- 4) **Anticipated Revenue from Sponsorship/Exhibit Support:** Enter the total amount of sponsorship or exhibit support you anticipate from all sources.
- 5) **Anticipated Revenue- Other:** If there are additional sources of support, list the anticipated revenue here. A field will appear for you to specify the nature of this support.
- 6) **Total Anticipated Revenue** will auto-calculate. This total should represent all anticipated revenue associated with the program.

 **Tip:** Before completing this section, ensure that you have the Program’s Budget available for reference.

Screen shot continued on next page...

Step 5: Complete the Budget Section (cont.)

7

Detailed Budget

DIRECT PROGRAM COSTS

Meeting Logistics

Faculty Travel

Staff Travel

Honoraria

Meals

7) Review the **budget categories** and determine which ones correspond with your program's budget

8) To add an expense, click the "+" button.

8

DIRECT ADMINISTRATIVE COSTS

Account & Activity Management

Accreditation

Content Development

Outcomes

Production and Shipping

GENERAL ADMINISTRATIVE OVERHEAD / INDIRECT OVERHEAD

General Administrative Overhead

⚠ You must add at least one budget item

9) A **new window** will open for each budget item where you can select the appropriate subcategory.

10) Enter the **anticipated program cost**

11) Enter the **amount requested from Olympus** for that expense

12) Ensure that you click **Save** to ensure that your entry is saved.

New Window

Add a Meeting Logistics

Meeting Logistics

Subcategory 9

Proposed Program Costs 10

Amount Requested from Olympus 11

Comments

12 Save

Step 5: Complete the Budget Section (cont.)

Total Anticipated Revenue: \$10,300.00

This Add a Meals

Meals

Subcategory

Cost per Item

Items per Person

Number of People

Proposed Program Costs: \$0.00

Amount Requested from Olympus: Not eligible to request funds from

IMPORTANT: Budget Section Recommendations

- If our Budget categories don't correspond with those of your prepared budget, enter your expenses and allocations as best you can, using the **Comments** field to indicate what was entered where, if necessary.
- You must enter ALL program costs, even those for which you are not specifically seeking Olympus support OR those not eligible for support (for example, faculty travel, meals, honoraria, etc.).



Tip:

- The Budget categories "Faculty Travel," "Staff Travel," "Honoraria" and "Meals" require **costs per item** instead of lump-sum costs. For example, in the Meals budget category shown here, you must enter the **Cost Per Item** (in this case, cost per meal per person), **Items Per Person** (number of times each person will have the meal) and **Number of People** (number of individuals who will have the meal over the course of the event).
- If a **Cost Per Item** varies (for example, lunch on day one is more expensive than lunch on day two), provide the **average** Cost Per Item so that the **Proposed Program Cost** reflects the accurate overall cost for the line item.

EXAMPLE: For breakfast, the cost per meal is \$12.95 (Cost Per Item). The event is scheduled to last two days, so breakfast will be served 2 times (Items Per Person = 2). There are 115 people (attendees, faculty, staff) scheduled to participate in the event (Number of People). The system automatically calculates the total **Proposed Program Cost** (\$2,978.50).

Screen shot continued on next page...

Step 5: Complete the Budget Section (cont.)

Detailed Budget

DIRECT PROGRAM COSTS

Meeting Logistics

Meeting Rooms		
Proposed Costs	\$4,000.00	
Requested	\$4,000.00	

A/V Equipment - Rental & Labor

Proposed Costs	\$2,300.00	
Requested	\$2,000.00	

Faculty Travel

Staff Travel

Honoraria

Meals

DIRECT ADMINISTRATIVE COSTS

Account & Activity Management

Accreditation

Content Development

Outcomes

Production and Shipping

Cancel **Save** **Save and Close**

IMPORTANT: A summary of each expense entry will appear within its corresponding **Budget Category** section.

- To view or update full details, click **Edit**.
- Caution:** Clicking the red circle button with a line (the Delete or Erase icon) will delete the entry.

Tip: Ensure you save your work as you work through this section to ensure that updates are captured.

Screen shot continued on next page...

Step 5: Complete the Budget Section (cont.)

GENERAL ADMINISTRATIVE OVERHEAD / INDIRECT OVERHEAD

General Administrative Overhead

Facilities and Administration

Proposed Costs \$4,000.00

Requested *Not eligible to request funds from Olympus*

Edit

Summary totals below only update when application is saved. Please click "Save" and confirm these totals are accurate before proceeding.

Total Proposed Program Costs: \$10,300.00 **13**

This value should reflect all anticipated expenses for the overall program, not limited to the portion/sessions of the program for which Olympus support is sought.

Total Amount Requested: \$6,000.00 **14**

Cancel

Save

Save and Close

13) As you enter costs and allocate Olympus grant funds in the Budget category section, the system will keep a running tally of the amounts you enter. Use the calculator to confirm that your totals align with the **Total Program Costs**.

14) Verify that the **Total Amount Requested** matches the Olympus funding amount specified in the General Information section.

Tip: Summary totals are only updated when application is saved. Please click **Save** and confirm these totals are accurate before proceeding.

Step 6: Upload Required Documents

Documents

The following documents are required

Detailed Agenda
Agenda must include hour by hour detail of the content to be presented.

1

+

Invitation/Flyer/Marketing Material

+

Letter of Request

+

W-9
Must be signed and dated within the past 2 years

+

In-Kind Support Form
You can download the In-Kind Support Form template in the Resources section of our website: [Resources](#)

+

The following documents are optional

Additional Document


Detailed Budget

Learning Objectives

Needs Assessment

Outcomes Measurement Plan

In-Kind and Logistics Details

 **Tip:** You are strongly encouraged (but not required) to attach additional documents (such as a Needs Assessment, Detailed Budget, etc.) that may assist the Grants Committee in reviewing your request. Use the existing fields where applicable

- 1) To add a document, click the “+” button.
- 2) A **new window** will open where you can upload the relevant document.
- 3) Upload the document by clicking Add files.
- 4) Click **Start Upload**.

2

New Window

3

4

Upload files

Select or drag files then start upload
















Filename	Size	Status
Registration Guide-EN.pptx	Detailed Agenda	2 MB 0%

Add files


Start upload

Screen shot continued on next page...

Step 6: Upload Required Documents (cont.)

Grant Documents		+	
 8534 Board of Directors.pdf W-9 Added by Katherine- TEST Mann at 10:34 PM on November 4, 2025			
 8534 LOR.pdf Letter of Request Added by Katherine- TEST Mann at 10:34 PM on November 4, 2025			
 8572 Agenda.pdf Invitation/Flyer/Marketing Material Added by Katherine- TEST Mann at 10:33 PM on November 4, 2025			
 8572 Revised Agenda.docx Invitation/Flyer/Marketing Material Added by Katherine- TEST Mann at 10:33 PM on November 4, 2025			
 7716 Agenda.pdf Detailed Agenda Added by Katherine- TEST Mann at 10:31 PM on November 4, 2025			

- Uploaded documents will appear under Grant Documents
- If you need to replace the document, you may do so by clicking the “+” button.
- If you need to delete the document, clicking the red circle button with a line (the Delete or Erase icon) will delete the document

 **Tip:** Address your Letter of Request to the “OCA Grants Committee” and tell them why they should consider supporting your event. DO NOT include any incidental sponsorship benefits (for example, \$5K grants are recognized at the silver level and receive a free table display); such benefits are not a factor in the Grants Committee’s decision-making.

Step 7: Review Agreement Paragraph

- 1) Click **Yes**
- 2) Click **Save and Close**

Agreement

I understand that my grant request will be considered ineligible if any portion of my registration or request, including required attachments, is incomplete. Requests for product support must include a complete Product Support Form for each proposed product-supported activity. I agree to the complete terms and conditions of the Olympus Compliance Commitment. I certify that to the best of my knowledge all of the information in my application is truthful and accurate. I certify that the requesting organization, its personnel and I (1) have not implicitly or explicitly solicited the requested support in exchange for an agreement to purchase, lease or recommend, use, arrange for the purchase or lease of, or prescribe Olympus products, and (2) are not persons or organizations excluded from participation in Medicare, Medicaid or other US federal healthcare programs. I understand that Olympus sales, marketing and commercial-facing personnel are separated by design from the Olympus grants process and should not be contacted or consulted regarding grant-related matters.

1 Yes

Cancel

Save

Save and Close

2

Step 8: Review Application Details and Submit

Edit



Confederacion Americana De Urologia CAU

GI Program 2025

ID: MED-FY-26-00263

Katherine- TEST Mann

Requested: \$6,000

Created: 10/28/2025

Draft

Under Review

Granted

Not Awarded

Status

Draft

1

▼ Table of Contents

Organization Information
General Information
Delivery Format
Budget
Documents
Agreement

- 1) Review the on-screen summary to confirm your application is accurate and complete before submitting.
 - If you need to make changes, click **Edit**, update the necessary fields, and be sure to click **Save and Close**.
- 2) When you're ready, click the **Submit** button to finalize your application.

2

Submit

Screen shot continued on next page...

Step 8: Review Application Details and Submit (cont.)

Status: Draft

▼ Table of Contents


Submit X

You are about to Submit this Applications/ Solicitudes/ Solicitações form. Please confirm that you would like to proceed.

Cancel OK 3

3) A message will appear asking you to confirm you are ready to Submit this Application. Click **OK**

Primary Signatory: Katherine- TEST Mann

 **Tip:** If any fields are incomplete, error messages will appear to guide you in correcting them. You must resolve these issues before you can submit your application.

Step 9: Verify Submission

OLYMPUS

Search...

Confederacion Americana De Urologia CAU Inc- CAU TEST KM

ID: MED-FY-26-00263
Katherine- TEST Mann
Requested: \$6,000

Not Awarded

1) Ensure your application appears under the **Submitted Applications** section.

Check your email inbox for a **confirmation message** to validate successful submission.

Organization Information
General Information
Delivery Format
Budget
Documents
Agreement

Tip: Look for an email from Olympus Corporation of the Americas which will include the Grant ID.

Additional Contact:
Katherine- TEST Mann

FLUX

1 - 0 of 0

»» What happens next?

- Olympus Grants Team- Americas will review your application. If additional information is required, you will be notified via email and asked to update your application by the deadline provided.
- If your application includes a request for in-kind support, the clinical contact you indicated in the Product Support Form may be contacted by Olympus to clarify product needs and logistics.
- Acknowledgement of the receipt of your grant application does not indicate that Olympus has agreed to provide support. Support decisions are only made after the OCA Grants Committee reviews your complete request.
- Committee determinations are communicated via email.

Questions?



Grants Team- Americas

grants-americas@olympus.com

+1-484-896-3939

www.olympusamerica.com/grants

OLYMPUS

The logo consists of the word "OLYMPUS" in a bold, dark blue, sans-serif typeface. Directly beneath the text is a horizontal yellow line that features a slight upward curve in its center.