

Report to be sent to Psoriasisförbundet at the latest December 31 the year after funding.

Project name		
Project manager/applicant (Name, title, institution)	Project start (Year)	Funding year/s (Year/s project has received funding from Psoriasisfonden)
(Name, due, institution)	(real)	(Tear's project has received funding from F solidaristonden)
Achievements/milestones reached		
Publications, presentations		
(Published articles, meeting abstracts, presentations/talks)		
Other information of relevance		