FONDAZIONE



Full Project

Summary

Reference number	
Institution	
Lead Applicant	
Partners	
Collaborators	
Total Requested	

General Information						
		1				
Project Title						
Number of Centres						
Project Duration (months)						
Type of Applicant				Former C	Grantee	
Type of Applicant				Torrier c	<u> </u>	
Type of Application				Revised	Applicatio	n
Previous Application Null Type the previous Application Revised Application Renewal Application	ion Number ar n	nd select your	previous role	in case of	f.	
Previous role						
Lead Applicant Forename(s)			Position			
Surname			Departme	nt		
Institution			Email Add			
Country						
City/Town						
Partner Contact Details Please select 'Add Participa	ant' to associa	te a Partner co			Applicant	
Name			Organisatio	on		Status
Total Budget by Organisa	ation					
						Tota
Total						

Overview	
Abstract	
Coordination and Management - Multicer	ntre Studies only
Role and Contribution of Partner(s) in the	e Project - Multicentre Studies only
Trole and Contribution of Farther(s) in the	e i Toject - Multicentre Otadies only
Relevance to Telethon	
Impact on Patients	
Disease Name	
Disease Code	
Please select what code or codes you can p	provide for the disease specified above.
MeSH Terms	
INCOTT TOTALS	
Indicate the clinical research type(s) (all tha	ut apply)
No Clinical Research Types have been add	.ea
[
Lay Abstract - English	
Project Title - Italian	
Lay Abstract - Italian	

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Cover Letter		

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Background - Rationale - Objectives	

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Preliminary Results	

Clinical Protocol		
Clinical Protocol		
Timetable		
Methods		

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Cited Literature	

Lead Applicant and Partner CV Details

Title Address Line 1
Forename(s) Address Line 2
Surname Address Line 3
Date of Birth Country
Nationality Postcode
Institution Department

Education

From	То	Qualification	Subject	Country	Institution	Class	Department / School / Division

Employment

From	То	Position	Department	Organisation
01/2011	01/2021	settore della tipografia e	Lorem Ipsum è un testo segnaposto utilizzato nel settore della tipografia e della stampa. Lorem Ipsu	Test Org DR

Experience

Experience	Notes	Date	
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Scientific Career

Date	Details
12/01/2021	Lorem Ipsum è un testo segnaposto utilizzato nel settore della tipografia e della
	stampa. Lorem Ipsum è considerato il testo

Partner - 1

Title Address Line 1
Forename(s) Address Line 2
Surname Address Line 3
Date of Birth Country
Nationality Postcode

Institution

Education

Ladoution							
From	То	Qualification	Subject	Country	Institution	Class	Department / School / Division
		MBA					
		ВА					

Reference: Telethon_

Education

From	То	Qualification	Subject	Country	Institution	Class	Department / School / Division
10/2008	08/2010	PhD					

Employment

From	То	Position	Department	Organisation
04/2020	10/2020			
06/2020	-			

Experience

Experience	Notes	Date
• • • • • • • • • • • • • • • • • • • •		

Scientific Career

Date	Details
07/04/2005	

Administrative Details Lead Applicant & Partner Organisation Organisation 1 -**Personal Data and Curriculum Vitae Relevant Publications ID Research Platform** Pubmed **Personal Author ID Financial Interests Disclosure Host Institution ORGANISATION APPROVER** Name Organisation **Status Permanent Position Position Title** Main Research Fields Name of the Laboratory/Clinical Unit **Number of Staff Members** Are you the Chief of the Laboratory/Clinical Unit? Any other Appointment (including Foreign)?

Clinical Resources

Reference: Telethon_

Laboratory Space

Office Space		
	•	
Major Equipment		
Core Facilities and Services		
Other		
L		

Indicate whether the Study involves:

If the grant is approved for funding, funds WILL NOT BE PROVIDED until the pertinent Ethical Documentation has been obtained.

Please activate in due time all necessary procedures to obtain this approval in accordance with the relevant Italian laws (https://www.aifa.gov.it/modulistica-sperimentazione-clinica)

Telethon reserves the right to ask for a copy of all the relevant approval documentation.

Collaborations

Collaborators actively involved in this proposal

Budgets and Personnel

Coordination Costs (Coordinator Only)
Startup Costs
Patient-related Costs
Equipment
IT Equipment
Materials, Supplies and Services
Personnel and Salaries
Travel Costs
Project-related Travel Costs
Other Expenses

Totals					
	Year 1	Total			
Salaries	€0.00	€0.00			
Materials, Supplies and Services	€0.00	€0.00			
Equipment	€0.00	€0.00			
Travel Costs	€0.00	€0.00			
IT Equipment	€0.00	€0.00			
Project-related Travel Costs	€0.00	€0.00			

Reference: Telethon_1516 Date submitted: -

Totals				
	Year 1	Total		
Overhead	€0.00	€0.00		
Coordination Costs	€0.00	€0.00		
Patient Related Costs	€0.00	€0.00		
Startup Costs	€0.00	€0.00		
Other Expenses	€0.00	€0.00		
Total	€0.00	€0.00		

Other Financial Support

Organisation 2 -

Personal Data and Curriculum Vitae

Relevant Publications

ID Research Platform	Pubmed
Personal Author ID	
Financial Interests Disc	osure

Host Institution

Name	Organisation	Status

ORGANISATION APPROVER

Name	Organisation	Status

Permanent Position	
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Position Title	

Main Research Fields		
Name of the Laboratory/Clinical Unit		
Number of Staff Members		
Are you the Chief of the Laboratory/Clin	ical Unit?	
Are you the other of the Laboratory/online	icai Offic:	
Any other Appointment (including Foreig	gn)?	
Laboratory Space		
Clinical Resources		
Office Space		
[
Major Equipment		
Core Facilities and Services		
Othor		
Other		

Indicate whether the Study involves:

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Collaborations

Collaborators actively involved in this proposal

Budgets and Personnel

Coordination Costs (Coordinator Only) Startup Costs Patient-related Costs Equipment IT Equipment Materials, Supplies and Services

Reference: Telethon_

Personnel and Salaries Travel Costs Project-related Travel Costs Other Expenses Overhead

Totals		
	Year 1	Total
Salaries	€0.00	€0.00
Materials, Supplies and Services	€0.00	€0.00
Equipment	€0.00	€0.00
Travel Costs	€0.00	€0.00
IT Equipment	€0.00	€0.00
Project-related Travel Costs	€0.00	€0.00
Overhead	€0.00	€0.00
Coordination Costs	€0.00	€0.00
Patient Related Costs	€0.00	€0.00
Startup Costs	€0.00	€0.00
Other Expenses	€0.00	€0.00
Total	€0.00	€0.00

Other Financial Support

Total Budget by Organisation		
		Total
Total		0.00

Partner Contact Details

Please select 'Add Participant' to associate a Partner contact. (applies to Lead Applicant only).

Name	Organisation	Status

Reviewers

REVIEWERS

Notes

SUPPLEMENTARY CONTENTS

-

Declaration

DECLARATION

- I hereby certify that all information submitted in the online application form is accurate and complete
- If I am awarded funding from the Fondazione Telethon for this project, I will accept the conditions set by the Fondazione Telethon.

Validation