

Summary	
Reference number	
Institution	
Lead Applicant	
Collaborators	6
Total Requested	

General Information	
Project Title	
riojectitue	
Project Duration (months)	
Type of Applicant	
Type of Application	
Title Forename(s) Surname Date of Birth Gender	Email Address Telephone No. Address Line 1 City/Town Postcode

Overview	
Abstract	
MeSH Terms	
MeSH Terms	
Added value and unmet need	
Lay Summary - English	
Project Title - Italian	
Lay Summary - Italia	

Type of Research	
Disease name	
Disease code Please select what code or codes you can	provide for the disease specified above.
	, , , , , , , , , , , , , , , , , , ,
ORPHA Number	
ICD-11 code	
Disease OMIM number	
Research Type	
Research Step	6

Background and Rationale	
Background - Rationale - Objectives	
Preliminary Results	
If available	
Background on Intellectual Property	
, ,	
	<u>`</u>

Research Plan



Reference: Telethon_

Expected Outcomes and Future Development

(Cited Literature



Host Institution and Overall Informa	ation
In additional to the	
Institution	
Department	
City	
CAP / Zip Code	
Region	
Region	
Province	
Country	
APPLICANT	
Permanent position	
Position Title	
Main research fields	
Name of the Labora ry	
Number of Start have	
Number of f me bers	
Are you Head of the Laboratory?	
y no you moud or the Laboratory.	<u> </u>
Any other appointment (including foreig	n)?
yary care appearance (morading rolling	,.
Other appointment	
FACILITIES AND RESOURCES	
Laboratory space	

Clinical resources	
Office space	
Major equipment	
Core Facilities and Services	
Other	
LIIMAN CIID IECTO	
HUMAN SUBJECTS Be aware that the relevant approval doc	s must be provided for grant a ratio
e aware that the relevant approval docs	must be prover, for ant activation.
Does your proposal involve vertebrate a	animals?



Reference: Telethon_ Date submitted: -

Budget		
Salaries		
	T	
	Year 1	Total
Cost		
Salaries description		
Galaries description		
Materials, Supply and Services		
	(ear	Total
Cost		
Materials, Supply and Services Descr	ription	
Travel Costs		
	Ι	
	Year 1	Total
Cost		
Travel Costs a uption		
Transfer de la constant de la consta		
•		
Other Expenses		
	Year 1	Total
Cost		
Other Expenses Description		
Overhead %		
- · · · · · · · · · · · · · · · · · · ·		

Totals	
	Total
Salaries	
Materials, supplies and services	
Travel Costs	
Overhead	
Other Expenses	
Total	

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Reference: Telethon_ Date submitted: -

Personal Data and CV Education / Training Department / Class From То Qualification Subject School / Country Institution **Division Positions** From **Position** To Department ga_isation **Personal Statement Date Details Additional Info** Financial interests dis `os:. ID Researcher F form Personal author ID

Publications
Publications

Reviewers

Suggested Reviewers

Please provide details of any Suggested Reviewers for your grant application.

Excluded Reviewers

Please provide details and reason of any Reviewers that should be excluded from your grant application.



Notes

Your Notes, if any Any personal comments, details or additional information the Applicant wishes to add to any specific sections of the Application can be inserted here. Please indicate which section you are referring to and the reasons for including more information.

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.

Full Name	
Place/Date	