

Application Form

Summary

Reference number	
Institution	
Lead Applicant	
Partners	
Collaborators	
Total Requested	

General Information

Project Title	
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Number of Centres	
--------------------------	--

Project Duration (months)	
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Type of Applicant	
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Type of Application	
----------------------------	--

Lead Applicant

Forename(s)		Position	Professor
Surname		Department	
Institution		Email Address	
Country			
City/Town			

Partner Contact Details

Name	Organisation	Status

Total Budget by Organisation				
	Year 1	Year 2	Year 3	Total
Total				

Overview

Abstract

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Coordination and Management - Multicentre Studies only

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Role and Contribution of Partner(s) in the Project - Multicentre Studies only

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Relevance to the Telethon- UILDM call

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Impact on Patients

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Disease Name

--

Disease Code

Please select what code or codes you can provide for the disease specified above.

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Disease OMIM Number

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MeSH Terms

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Indicate the research area(s) (all that apply)

Research Areas

Lay Abstract - English

Project Title - Italian

Lay Abstract - Italian

Sample PDF

Scientific Strategy

Background - Rationale - Objectives

Sample PDF

Preliminary Results

Preliminary Results

Sample PDF

Clinical Protocol

Clinical Protocol

Timetable

Methods

Sample PDF

Cited Literature

Cited Literature

Sample PDF

Lead Applicant and Partner

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

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

Sample PDF

Collaborators

Collaborators actively involved in this proposal

Name	Institution	Department	Laboratory	Contribution to the project	PDF scan of the collaboration letter, in English only

Sample PDF

Administrative Details

Lead Applicant & Partner Organisation

Organisation 1

Personal Data and Curriculum Vitae

PERSONAL DATA

ID Research Platform	
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Personal Author ID	
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BIOSKETCH

(Biosketch is included as an appendix within this file.)

Financial Interests Disclosure

Host Institution

ORGANISATION APPROVER

Title		Address Line 1	
Forename(s)		County	
Surname		Postcode	
Date of Birth			
Nationality			
Grant Organisation			

APPLICANT

Permanent Position	
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Position Title	
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Main Research Fields	
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Name of the Laboratory/Clinical Unit	
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Number of Staff Members	
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Are you the Chief of the Laboratory/Clinical Unit?	
---	--

Any other Appointment (including Foreign)?	
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FACILITIES AND RESOURCES

Laboratory Space	
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Clinical Resources

Office Space	
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Major Equipment

Core Facilities and Services

HUMAN SUBJECTS

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.
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Budgets and Personnel

Totals				
	Year 1	Year 2	Year 3	Total
Salaries				
Materials, Supplies and Services				
Equipment				
Travel Costs				
IT Equipment				
Project-related Travel Costs				
Overhead				
Coordination Costs				
Patient Related Costs				
Startup Costs				
Other Expenses				
Total				

Coordination Costs (Coordinator Only)

Item				
Description and Justification				
	Year 1	Year 2	Year 3	Total

Startup Costs

Item				
Description and Justification				
	Year 1	Year 2	Year 3	Total

Patient-related Costs

Item				
Description and Justification				

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	Year 1	Year 2	Year 3	Total

Equipment

Item	
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Description and Justification

	Year 1	Year 2	Year 3	Total

IT Equipment

Item	
-------------	--

Description and Justification

	Year 1	Year 2	Year 3	Total

Materials, Supplies and Services

Item	Reagents
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Description and Justification

	Year 1	Year 2	Year 3	Total

Personnel and Salaries

Role on Project	
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Annual Effort %	
------------------------	--

Name	
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Surname	
----------------	--

Birth Date	
-------------------	--

Degree	
---------------	--

Type of Contract at the Host Institution	
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Is this Contract already active?	
---	--

Is a Salary being requested?	
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	Year 1	Year 2	Year 3	Total

Travel Costs

Item	
-------------	--

Description and Justification

	Year 1	Year 2	Year 3	Total
Cost				

**Project-related Travel Costs
Other Expenses
Overhead**

Item	
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Description and Justification

	Year 1	Year 2	Year 3	Total

Other Financial Support

Granting Agency	
------------------------	--

Title of the Project (in English)	
---	--

Status	
---------------	--

Start Date	
-------------------	--

End Date	
-----------------	--

Gross Amount	
---------------------	--

Currency	
-----------------	--

Brief Description

Specify Overlaps with this Application, if any

Sample PDF

Organisation 2

Personal Data and Curriculum Vitae

PERSONAL DATA

ID Research Platform	
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Personal Author ID	
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BIOSKETCH

(Biosketch -) is included as an appendix within this file.

Financial Interests Disclosure

Host Institution

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

ORGANISATION APPROVER

APPLICANT

Permanent Position	
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Position Title	
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Clinical Resources

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Office Space	
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Budgets and Personnel

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	Year 1	Year 2	Year 3	Total
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Materials, Supplies and Services				
Equipment				
Travel Costs				
IT Equipment				
Project-related Travel Costs				

Totals				
	Year 1	Year 2	Year 3	Total
Overhead				
Coordination Costs				
Patient Related Costs				
Startup Costs				
Other Expenses				
Total				

Coordination Costs (Coordinator Only)

Startup Costs

Item	
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Description and Justification

	Year 1	Year 2	Year 3	Total

Patient-related Costs

Item	
-------------	--

Description and Justification

	Year 1	Year 2	Year 3	Total

Equipment

IT Equipment

Materials, Supplies and Services

Item	
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Description and Justification

	Year 1	Year 2	Year 3	Total

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

Item	
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Description and Justification

	Year 1	Year 2	Year 3	Total

Other Financial Support

Granting Agency	
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Title of the Project (in English)	
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Status	
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Start Date	
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End Date	
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Gross Amount	
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Currency	
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Brief Description

Specify Overlaps with this Application, if any



Sample PDF

Total Budget by Organisation				
	Year 1	Year 2	Year 3	Total
Total				

Title
Forename(s)
Surname
Date of Birth
Nationality
Grant Organisation

Address Line 1
Address Line 2
Address Line 3
County
Postcode

Sample PDF

Reviewers

Suggested Reviewers

Excluded Reviewers

Sample PDF

Notes

SUPPLEMENTARY CONTENTS

Sample PDF

Declaration

DECLARATION

- I hereby certify that all information included in the online Application is accurate and complete.
- I certify that I am entitled and/or authorized to disclose all Information provided within the Application.
- I declare to have provided any collaborator involved in the Application with the information about Data Processing attached to the Call for Application in Appendix 1. I also declare that the relevant consents have been gathered in order to be authorized to indicate the personal data of any other collaborator in the Application.

Sample PDF