

Reference Number	
Institution	
Lead Applicant	
Partners	
Total Requested	

## General information

### Project Overview

### General Information

#### Project title

#### Number of Centers

A maximum of 2 centers are allowed on this application. Indicate the number of centers participating in the study, including the Coordinator Center (Lead applicant).

#### Project Duration (in months)

Cannot be more than 24 months. Only 12 or multiples of 12 are allowed

#### Total Budget Requested

#### Have you applied to a previous Fondazione Telethon Call?

Has your project been funded?

Have you applied to a previous Fondazione Cariplo Call?

Has your project been funded?



Have you applied to a previous Fondazione Cariplo - Fondazione Telethon Joint Call?



Has your project been funded?



Type of Applicant

Type of Application

Previous Application Number

Type the previous Application Number in case of: Revised Application , Renewal Application

**Previous role**

Select your previous role in case of: Revised Application, Renewal Application

**Cover letter**

## Review Summary of the Previous Application

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Total Files: 1

## Overview

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### Abstract

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### Coordination and Management - Multicenter Studies

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**Role and Contribution of Partner(s) in the Project - Multicenter Studies****Relevance to the Call****Lay Summary - English****Project Title - Italian****Lay Summary - Italian**

## Type of Research

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**Disease Name**

**Disease OMIM Number**

**ICD-11 Code**

**ORPHA Number**

**Mesh Terms**

  
  
  

**Indicate Tdark(s)**

**Indicate the rationale for which the Tdark(s) is/are related to the proposed disease**

**Research Type**

**Area of Research****Research Steps****Does the project involve bioinformatic analyses?**

Please specify the type of analysis that will be performed and who will be responsible for such analysis.

## Overall Description of the Research Project (Triage Phase)

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Please describe central hypothesis, objectives, specific aims, research design, methods, and potential outcomes

## Research Proposal

### Hypothesis, Background and Rationale for Proposed Research (Why?)



**Hypothesis, Background and Rationale for Proposed Research Figures**

Total Files: 1

**Research Plan, Research Design and Methods (How?)**

**Feasibility, possible Pitfalls and alternative approaches****Engagement and training of young researchers****Gantt Chart**

Total Files: 1

## Impact

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**Expected results on the scientific community and on patients with rare disease in the long-term**

## Literature

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**Cited Literature:**

## Ethical Documents

### Human Subjects

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. For clinical studies, please refer to <https://www.aifa.gov.it/modulistica-sperimentazione-clinica>.

Fondazione Telethon ETS (and/or its Alliance partners, in case of Joint Calls, Initiatives) reserves the right to ask for a copy of all the relevant approval documentation

Indicate whether the study involves (consider both Applicant and collaborator(s) activities):

Please indicate if the Ethical Authorization is already in place.

- 
- 
- 

Please, specify the origin of the samples. If the study involves patient-derived samples, please include a summary of patients' details (e.g., age, sex, origin, genetics, ...)

### Vertebrate Animals

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.

Fondazione Telethon ETS (and/or its Alliance partners, in case of Joint Calls, Initiatives) reserves the right to ask for a copy of all the relevant approval documentation.

Indicate if the study involves the use of vertebrates or not.

- 
-

Please indicate if the Authorization is already in place.

- 
- 
- 

## Host Institution

## Applicant Details

**Permanent position**

**Position Title**

**Main Research Fields**

**Name of Laboratory/Clinical Unit**

**Number of staff members**

**Are you the Chief of the Laboratory/Clinical Unit?**

**Chief of the Laboratory**

**Independence Statement**

An Independence statement must be uploaded before final submission (PDF only).

Total Files: 1

**Any other appointment (including foreign)?****Other Appointment****Financial Interests Disclosure****Facilities And Resources**

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**Laboratory space****Clinical Resources****Office space**

**Major Equipment****Core Facilities and Services****Other****Contacts****Approver**

#	Full Name	Institution	Email	Role
<input type="text"/>				

## Collaborators

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Use icon to invite collaborators. Once they have accepted the invite they will be able to see this application.

To remove invited Collaborators, click on and click on icon displayed next to their names in the list.

Prefix	First Name	Last Name	Email	Role	Status

### Active Collaborators

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Table below displays all Active collaborators added on the application.

#	
1	<div style="border: 1px solid #ccc; padding: 5px;"> <p><b>Full Name:</b></p> <p><b>Institution:</b></p> <p><b>Email:</b></p> <p><b>Role:</b></p> <p><b>Laboratory:</b></p> </div>
	<div style="border: 1px solid #ccc; padding: 5px; height: 150px;"> <p><b>Contribution:</b></p> </div>

## Partners

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Use icon below to invite Multicenter application partners on your application. Once they have accepted, they will be able to view this application, and complete their part of the application package.

To remove invited Multicenter application partners, click on and click on icon displayed next to their names in the list.

You may add up to 1 partners on this application. You will not be able to submit your application if number of partners exceed this limit.

Prefix	First Name	Last Name	Email	Role	Status

## Budget

<b>Principal Investigator::</b>	
<b>Application Number:</b>	
<b>Institution Name:</b>	
<b>Project Title:</b>	

### Year 1

Equipment			
Item	Description	Managed by	Cost
		Managed Directly	

IT Equipment			
Item	Description	Managed by	Cost
		Managed Directly	

Software			
Item	Description	Managed by	Cost
		Managed Directly	

Materials, Supplies and Services			
Item	Description	Managed by	Cost


<b>Travel</b>
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Item	Description	Managed by	Cost

<b>Other Expenses</b>
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Item	Description	Managed by	Cost

<b>Overheads</b>
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Item	Description	Managed by	Cost

<b>Personnel &amp; Salaries</b>
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Role on Project	
Annual effort %	
Name	
Surname	
Birthdate	
Degree	
Type of Contract at the Host Institution	
Is this contract already active?	
Is a salary being requested?	
Managed by	
Salary	
Role on Project	
Annual effort %	
Name	
Surname	
Birthdate	
Degree	

Type of Contract at the Host Institution	
Is this contract already active?	
Is a salary being requested?	
Managed by	
Salary	

**Total Direct Costs:**

**Indirect Costs:**

**Total Estimated Budget:**

**Year 2**

**Materials, Supplies and Services**

Item	Description	Managed by	Cost

**Travel**

Item	Description	Managed by	Cost

**Other Expenses**

Item	Description	Managed by	Cost

**Overheads**

Item	Description	Managed by	Cost

**Personnel & Salaries**

Role on Project	
Annual effort %	
Name	



Summary			
Category	Year 1	Year 2	Total
Equipment	€	€	€
IT Equipment	€	€	€
Materials, Supplies and Services	€	€	€
Personnel & Salaries	€	€	€
Travel	€	€	€
Other Expenses	€	€	€
Overheads	€	€	€
Total Direct Costs	€	€	€
Indirect Costs	€	€	€
<b>Total Estimated Budget:</b>	€	€	€

## Other Financial Support

Granting Agency:

Project Title:

Status:

Period From:

Period To:

Gross Amount:

Currency:

Brief Description:

Specify overlaps with this application, if any:

## BIOSKETCH

Name:

Position Title:

ID Research Platform:

Personal Author ID:

Email:

Mobile:

**Education/Training**

Institution	Location	Degree (if applicable)	Completion date	Field of study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Personal Statement****Positions, Scientific Appointments, and Honors****Contributions to Science****Relevant Publications**

**Patents (whether relevant or not for the project)****Companies (founder of or appointed by any start-up? Involved in industrial partnership?)****Biosketch File**

Upload your Biosketch based on the template in Reference Documents on top of the application

Total Files: 1

**Reviewers**

## Suggested Reviewers

Title:  
First Name:  
Last Name:

Expertise:

Department:  
Institution:  
Email:  
Reason:

## Excluded Reviewers

Title:  
First Name:  
Last Name:

Expertise:

Department:  
Institution:  
Email:  
Reason:

## Declarations

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## Dissemination

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**Actions, Activities and Results**

## Notes

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**Your Notes, if any****Supporting Documents**

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Please attach any supporting documentation (if any)

Total Files: 1

## Declarations

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- I hereby certify that all information submitted in the online application form is accurate and complete.
  
- If I am awarded funding for this project, I will accept the conditions set by Fondazione Telethon ETS and/or its Alliance partners, in case of Joint Calls Initiatives.

Full Name:

Place:

Date:

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## Attachments

## Partners details

### Organization 2 - Department Aldo

## Ethical Documents

### Human Subjects

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- 

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### Permanent position

### Position Title

### Main Research Fields

**Name of Laboratory/Clinical Unit**

**Number of staff members**

**Are you the Chief of the Laboratory/Clinical Unit?**

**Any other appointment (including foreign)?**

**Other Appointment**

**Financial Interests Disclosure**

## Facilities And Resources

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**Laboratory space**

**Clinical Resources**

**Office space****Major Equipment****Core Facilities and Services****Other****Contacts****Approver**

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<input type="text"/>				

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	<div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p><b>Contribution:</b></p> </div>

### Budget

<b>Principal Investigator::</b>	
<b>Application Number:</b>	
<b>Institution Name:</b>	
<b>Project Title:</b>	

#### Year 1

IT Equipment			
Item	Description	Managed by	Cost

**Materials, Supplies and Services**

<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>

**Travel**

<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>

**Other Expenses**

<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>

**Overheads**

<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>

**Personnel & Salaries**

<i>Role on Project</i>	
<i>Annual effort %</i>	
<i>Name</i>	
<i>Surname</i>	
<i>Birthdate</i>	
<i>Degree</i>	
<i>Type of Contract at the Host Institution</i>	
<i>Is this contract already active?</i>	
<i>Is a salary being requested?</i>	
<i>Managed by</i>	
<i>Salary</i>	

<b>Total Direct Costs:</b>	
<b>Indirect Costs:</b>	
<b>Total Estimated Budget:</b>	

**Year 2**

**Materials, Supplies and Services**

Item	Description	Managed by	Cost

**Travel**

Item	Description	Managed by	Cost

**Other Expenses**

Item	Description	Managed by	Cost
,			

**Overheads**

Item	Description	Managed by	Cost

**Personnel & Salaries**

Role on Project	
Annual effort %	
Name	
Surname	
Birthdate	
Degree	
Type of Contract at the Host Institution	
Is this contract already active?	
Is a salary being requested?	
Managed by	
Salary	

<b>Total Direct Costs:</b>	
<b>Indirect Costs:</b>	
<b>Total Estimated Budget:</b>	





**Personal Author ID:****Email:****Mobile:****Education/Training**

Institution	Location	Degree (if applicable)	Completion date	Field of study
<input type="text"/>				

**Personal Statement****Positions, Scientific Appointments, and Honors****Contributions to Science****Relevant Publications****Patents (whether relevant or not for the project)****Companies (founder of or appointed by any start-up? Involved in industrial partnership?)**

## Biosketch File

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Total Files: 1

## Declarations

## Notes

### Your Notes, if any

## Supporting Documents

Please attach any supporting documentation (if any)

## Declarations

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**Full Name:**

**Place:**

**Date:**

## Attachments