FORMAT DA COMPILARE IN LINGUA INGLESE PER PARTECIPARE AL BANDO, UNITAMENTE AL CV

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| **Investigator Information** | |
| **Investigator name:** |  |
| **Institution name:** |  |
| **Address:** |  |
| **City:** |  |
| **Postal Code/Zip:** |  |
| **Country:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |

|  |  |
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| **Hospital, Institution or Organization Information**  *The investigator submitting this proposal shall inform the Hospital, Institution or Organization and confirm its agreement to be the representative of this project in the contract.* | |
| **Name of the Hospital, Institution or Organization:** |  |
| **Address:** |  |
| **City:** |  |
| **Postal Code/Zip:** |  |
| **Country:** |  |
| **Telephone:** |  |
| **E-Mail:** |  |

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| **Proposed Research Work** | |
| **Study Title:** |  |
| **Disease state to be studied:** |  |
| **Key Research Questions:**  *Please state the key research questions that this study is aiming to address* |  |
| **Rationale**  *Please enter below the hypothesis with reference to supporting evidence (preliminary data and references), aims, added value, novelty, etc.* | |
|  | |
| **Research Plan**  *Please insert below a concise summary of the hypothesis, aims and objectives, research plan and value of the research. If samples to be used, please provide detailed information about the samples collection and their storage requirements, an overview of the materials required for each stage and proposed methods.* | |
|  | |
| **Total duration of the study:** |  |
| **Planned start date:** |  |
| **Planned end date:** |  |
| **Planned Final Report date:** |  |

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| --- | --- |
| **Financial Request** | |
| **Total Requested Grant:** |  |
| **Budget Details** | |
|  | |

|  |  |
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| **Dissemmination of the data**  *Briefly outline your Publication plan: journal(s), congresses, predicted timelines, etc.* | |
|  | |
| **Target Date for the Publication(s):** |  |

Please sign below to confirm all information provided above and to acknowledge that you have read the notice above.

|  |  |
| --- | --- |
| **Signature:** |  |
| **Date of completion of this form:** |  |
| **Version of this document:** |  |