



Full Project

Summary

Reference number	
Institution	
Lead Applicant	
Partners	
Collaborators	
Total Requested	

Sample

General Information

Project Duration (months)	
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Have you applied to a previous Telethon Call	
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Have you applied to a previous Cariplo Call?	
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Type of Applicant	
--------------------------	--

Type of Application	
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Total Budget requested :	
---------------------------------	--

Number of Centres	
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Title
Forename(s)
Surname
Date of Birth
Gender

Email Address
Telephone No.
Address Line 1
City/Town
Postcode

Sample

Overview

Abstract

Is your project a multicentric one?

Relevance to the Call

Disease Name

Disease Code

Disease OMIM Number

ICD-11 Code

ORPHA Number

Orphanet classification

MeSH Terms

Indicate Tdark/s

Sample

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Indicate the rationale for which the Tdark is related to the proposed disease
<hr/>

Area(s) of Research
Area of Research

Indicate the clinical research type(s) (all that apply)
Research Type

Indicate the research step(s) (all that apply)
Research Step

Lay Summary - English

Project Title - Italian

Lay Summary - Italian

Cover letter

Cover Letter

(Cariplo and Telethon Review Report of the Previous Application)
xxxx.pdf is included as an appendix within this file.

Sample

Overall Description of the Research Project (Triage Phase)

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

Sample

Scientific Approach

Hypothesis and Background Rationale for Proposed Research (Why?)

Sample

Research Plan, Research Design and Methods (How?)

Feasibility, Possible Pitfalls and Alternative Approaches

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Engagement and training of young researchers

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Sample

Impact

Expected results on the scientific community and on patients in the long term

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Sample

Cited Literature

Cited Literature

Sample

Lead Applicant and Partner Details

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

Sample

Number of Staff Members	
--------------------------------	--

Are you the Chief of the Laboratory/Clinical Unit?	
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Any other Appointment (including Foreign)?	
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FACILITIES AND RESOURCES

Laboratory Space	
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Office Space	
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Major Equipment

Core Facilities and Services

Other

HUMAN SUBJECTS

Indicate whether the Study involves:	
---	--

VERTEBRATE ANIMALS

Does your proposal involve vertebrate animals?	
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Collaborations

Collaborators actively involved in this proposal

Budgets and Personnel

Personnel and Salaries

Breakdown Budget

(Breakdown Budget) appendix within this file.

Other Financial Support

Granting Agency	
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Title of the Project (in English)	
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Status	Current
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Start Date	
-------------------	--

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

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

Currency	EUR
-----------------	-----

Brief Description	

Specify Overlaps with this Application, if any	

Reviewers

Suggested Reviewers

Excluded Reviewers

Sample

Dissemination

Actions, Activities and Results

Sample

Notes

Your Notes, if any

No notes

Sample

Declaration

Full Name	
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Place/Date	
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(Data Processing Document - Informativa sul trattamento dei dati) is included as an appendix within this file.

Sample

Appendices

Sample