



Application Form

Summary

Reference number	GSA24XXX
Institution	Istitution
Lead Applicant	Lead Applicant
Partners	Partner
Collaborators	
Total Requested	€xxxxxxx

General Information

Project Title	xxx
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Number of Centres	
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Project Duration (months)	
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Type of Applicant	
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Type of Application 2	
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Previous Application Number (Former Applicant) <i>Type the previous Application Number and select your previous role in case of:</i> <ul style="list-style-type: none"> Revised Application

Title		Email Address
First Name	Lead Applicant	Telephone No.
Last Name		Address Line 1
Date of Birth		City/Town
Gender		Postcode

Partner Details

First Name	Partner	Position	
Last Name		Department	
Institution		Email Address	
Country			
City/Town			

Cover Letter

(xxx.pdf) is included as an appendix within this file.

Cover Letter

Overview**Abstract****Is your project a
multicentric one?****Role and Contribution of Partner(s) in the Project - Multicentre Studies****Coordination and Management - Multicentre Studies****MeSH Terms****Added value and unmet need****Lay Summary - English****Project Title - Italian****Lay Summary - Italian**

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

Background and Rationale

Background - Rationale - Objectives

Preliminary Results

If available

Background on Intellectual Property

Research Plan

Specific Aims and Experimental Plan

Expected Outcomes and Future Development

(xxx.pdf) is included as an appendix within this file.

Cited Literature

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Host Institution and Overall Information

Title		Address Line 1	
First Name	Lead applicant	Address Line 2	
Last Name	Artuso	Address Line 3	
Date of Birth		Country	
Nationality		Postcode	
Institution		Department	

Partner

Title		Address Line 1	
First Name	Partner	Address Line 2	
Last Name		Address Line 3	
Date of Birth		Country	
Nationality		Postcode	
Institution		Department	

Collaborations

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

(Biosketchxx.pdf) is included as an appendix within this file.

Financial Interests Disclosure

Host Institution

ORGANISATION APPROVER

Title		Address Line 1	
First Name		County	
Last Name		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?	
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Chief of Laboratory	
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Independence Statement

Any other Appointment (including Foreign)?	
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Other Appointment

FACILITIES AND RESOURCES

Laboratory Space	
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Clinical Resources

Office Space	
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Major Equipment

Core Facilities and Services

Human Subject Warning

Be aware that the relevant approval docs must be provided for grant activation.

Indicate whether the Study involves:	
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Vertebrate Animals Warning

Be aware that the relevant approval docs must be provided for grant activation.

Does your proposal involve vertebrate animals?	
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Budgets and Personnel

Totals			
	Year 1	Year 2	Total
Salaries			
Materials, Supplies and Services			
Travel Costs			
Overhead			

Totals			
	Year 1	Year 2	Total
Other Expenses			
Total			

Materials, Supplies and Services

Item	
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Description and Justification

	Year 1	Year 2	Total

Personnel and Salaries

Role on Project	
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Annual Effort %	
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Name	
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Surname	
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Birth Date	
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Degree	
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Type of Contract at the Host Institution	
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Is this Contract already active?	
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Is a Salary being requested?	
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	Year 1	Year 2	Total
Salary			

Travel Costs

Item	
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Description and Justification

	Year 1	Year 2	Total
Cost			

Other Expenses

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

Description and Justification

	Year 1	Year 2	Total
Cost			

Overhead

Item	
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Description and Justification

	Year 1	Year 2	Total
Cost			

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Other Financial Support

Organisation 2 -**Personal Data and Curriculum Vitae****PERSONAL DATA**

ID Research Platform	
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Personal Author ID	
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BIOSKETCH

(Biosketchxxx.pdf) is included as an appendix within this file.

Financial Interests Disclosure

Host Institution

Title		Address Line 1	
First Name		Address Line 2	
Last Name		Address Line 3	
Date of Birth		County	
Nationality		Postcode	
Grant Organisation			

ORGANISATION APPROVER

Title		Address Line 1	
First Name		County	
Last Name		Postcode	
Date of Birth			
Nationality			
Grant Organisation			

APPLICANT

Permanent Position	
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Position Title	
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Number of Staff Members	
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FACILITIES AND RESOURCES

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Clinical Resources

Office Space	
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Budgets and Personnel

Totals			
	Year 1	Year 2	Total
Salaries			
Materials, Supplies and Services			
Travel Costs			
Overhead			
Other Expenses			
Total			

Materials, Supplies and Services

Item	
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Description and Justification

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	Year 1	Year 2	Total
Cost			

Personnel and Salaries

Travel Costs

Other Expenses

Overhead

Item	
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Description and Justification

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	Year 1	Year 2	Total
Cost			

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Other Financial Support

Title	Address Line 1
First Name	Address Line 2
Last Name	Address Line 3
Date of Birth	County
Nationality	Postcode
Grant Organisation	

Total Budget by Organisation			
	Year 1	Year 2	Total
Organisation Lead			
Organisation Partner			
Total			

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

NOTES

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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	fff
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Place/Date	ddd
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(Data Processing Document xxx.pdf) is included as an appendix within this file.

Appendices