

Reference Number	TESTGMR014
Institution	CxR TEST
Lead Applicant	Demo Applicant2
Partners	Demo Applicant1
Total Requested	€86,900.00

## General information

### Project Overview

## General Information

### Project title

Test

### Number of Centers

2

### Project Duration (in months)

36

### Total Budget Requested

€86,900.00

### Type of Applicant

New Applicant

### Type of Application

New Application

## Overview

**Abstract**

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Test

**Lay Summary - English**

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Test

**Project Title - Italian**

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Test

**Lay Summary - Italian**

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Test

**Coordination and Management - Multicenter Studies**

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**Role and Contribution of Partner(s) in the Project - Multicenter Studies**

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Test

## Type of Research

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**Disease Name**

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Test

**Disease OMIM Number**

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Test

**ICD-11 Code**

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Test

**ORPHA Number**

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Test

## Mesh Terms

Test

## Research Type

Animal model creation / study, Biotechnology innovation / medical device, Diagnostic tool / protocol development, Drug repurposing

## Area of Research

Genetic cardiac disease, Genetic eye disease, Genetic hematologic disease, Genetic neurological disorder\Epilepsy and Seizures

## If Other, please specify.

Test

## Research Steps

Studies on mechanisms, Therapeutic approaches in vitro

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

### Overall Description

Test

### Cited Literature for Overall Description

Test

## Research Proposal

## Stage of Development

**Starting Stage :** Research on mechanism/the disease

**Ending Stage :** Target identification

**Please, justify your choices**

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## Research Plan

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Total Files: 1

## Ethical Documents

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### Human Subjects

Human samples/data requiring an Ethical Committee approval (e.g. biological/genetic material, health/genetic information)

**Please indicate if the Ethical Authorization is already in place.**

Yes

**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, ...)**

Test

### Vertebrate Animals

Yes - I confirm that all current rules and regulations regarding animal treatment will be strictly adhered to.

**Please indicate if the Authorization is already in place.**

In progress

Please specify what type of vertebrate animal model

Test

**Host Institution**

## Applicant Details

**Permanent position**

Yes

**Position Title**

Test

**Main Research Fields**

Test

**Name of Laboratory/Clinical Unit**

Test

**Number of staff members**

10

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

No

**Chief of the Laboratory**

Test

### Independence Statement

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

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Total Files: 1

### Any other appointment (including foreign)?

No

### Financial Interests Disclosure

Test

## Facilities And Resources

---

### Laboratory space

Test

### Clinical Resources

Test

### Office space

Test

### Major Equipment

Test

### Core Facilities and Services

Test

## Other

Test

## Contacts

## Approver

**Signatory:** Approver - Approver@test.com (CxR TEST)

## Collaborators

Prefix	First Name	Last Name	Email	Role	Status
No Results Found					

## Partners

Prefix	First Name	Last Name	Email	Role	Status
Mr	Demo	App1	DemoApplicant1@test.com	Multicenter Application Partner	Accepted

## Budget

**Principal Investigator::** Demo  
**Application Number:** Applicant2  
**Institution Name:** TESTGMR014  
**Project Title:** Test

**Year 1**

<b>Materials, Supplies and Services</b>			
<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>
Test	Test	Managed Directly	€25,000.00
			€25,000.00
<b>Overheads</b>			
<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>
Test	Test	Managed Directly	€2,500.00
			€2,500.00
<b>Total Direct Costs:</b>			<b>€25,000.00</b>
<b>Indirect Costs:</b>			<b>€2,500.00</b>
<b>Total Estimated Budget:</b>			<b>€27,500.00</b>

**Year 2**

<b>Travel</b>			
<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>
Test	Test	Managed Directly	€2,000.00
			€2,000.00
<b>Overheads</b>			
<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>
Test	Test	Managed Directly	€200.00
			€200.00
<b>Total Direct Costs:</b>			<b>€2,000.00</b>
<b>Indirect Costs:</b>			<b>€200.00</b>
<b>Total Estimated Budget:</b>			<b>€2,200.00</b>

**Year 3**

<b>Overheads</b>						
<i>Item</i>	<i>Description</i>	<i>Managed by</i>	<i>Cost</i>			
Test	Test	Managed Directly	€2,500.00			
			€2,500.00			
<b>Personnel &amp; Salaries</b>						
<i>Role on Project</i>	<i>Annual effort %</i>	<i>Full Name</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>Salary</i>
Test	100.00%	Test	Post-Graduate	Yes	Yes	€25,000.00
						€25,000.00
<b>Total Direct Costs:</b>						<b>€25,000.00</b>
<b>Indirect Costs:</b>						<b>€2,500.00</b>
<b>Total Estimated Budget:</b>						<b>€27,500.00</b>


<b>Summary</b>				
<i>Category</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Total</i>
Materials, Supplies and Services	€ 25,000.00	€ 0.00	€ 0.00	€ 25,000.00
Personnel & Salaries	€ 0.00	€ 0.00	€ 25,000.00	€ 25,000.00
Travel	€ 0.00	€ 2,000.00	€ 0.00	€ 2,000.00
Overheads	€ 2,500.00	€ 200.00	€ 2,500.00	€ 5,200.00
Total Direct Costs	€25,000.00	€2,000.00	€25,000.00	€52,000.00
Indirect Costs	€2,500.00	€200.00	€2,500.00	€5,200.00
<b>Total Estimated Budget:</b>	<b>€27,500.00</b>	<b>€2,200.00</b>	<b>€27,500.00</b>	<b>€ 57,200.00</b>

## Other Financial Support

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### BIOSKETCH

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#### Biosketch File

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### Reviewers

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## Suggested Reviewers

## Excluded Reviewers

## Declarations

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## Notes

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Your Notes, if any

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Supporting Documents

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## 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:** Demo App2

**Place:** Milan

**Date:** 10/03/2026

## Attachments

## Partners details

## Organization 2 - Dept. Microscopy Test

### Ethical Documents

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#### Human Subjects

No human samples/data or subjects

#### Vertebrate Animals

No

### Host Institution

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## Applicant Details

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#### Permanent position

Yes

#### Position Title

Test

#### Main Research Fields

Test

#### Name of Laboratory/Clinical Unit

Test

#### Number of staff members

5

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

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Yes

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

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No

**Financial Interests Disclosure**

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Test

## Facilities And Resources

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**Laboratory space**

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Test

**Clinical Resources**

---

Test

**Office space**

---

Test

**Major Equipment**

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Test

**Core Facilities and Services**

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Test

**Other**

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Test

## Contacts

## Approver

**Signatory:** Approver Signatory - ApproverSignatory@test.com (Dept. Microscopy Test)

## Collaborators

Prefix	First Name	Last Name	Email	Role	Status
No Results Found					

## Budget

**Principal Investigator::** Demo Applicant1  
**Application Number:** TESTGMR014 A  
**Institution Name:** Dept. Microscopy Test  
**Project Title:** Test

### Year 1

Other Expenses			
Item	Description	Managed by	Cost
Test	Test	Managed Directly	€15,000.00
			€15,000.00

Overheads			
Item	Description	Managed by	Cost
Test	Test	Managed Directly	€1,500.00
			€1,500.00

<b>Total Direct Costs:</b>			<b>€15,000.00</b>
<b>Indirect Costs:</b>			<b>€1,500.00</b>
<b>Total Estimated Budget:</b>			<b>€16,500.00</b>

### Year 2



### Summary

Category	Year 1	Year 2	Year 3	Total
Materials, Supplies and Services	€ 0.00	€ 10,000.00	€ 0.00	€ 10,000.00
Travel	€ 0.00	€ 0.00	€ 2,000.00	€ 2,000.00
Other Expenses	€ 15,000.00	€ 0.00	€ 0.00	€ 15,000.00
Overheads	€ 1,500.00	€ 1,000.00	€ 200.00	€ 2,700.00
Total Direct Costs	€15,000.00	€10,000.00	€2,000.00	€27,000.00
Indirect Costs	€1,500.00	€1,000.00	€200.00	€2,700.00
<b>Total Estimated Budget:</b>	<b>€16,500.00</b>	<b>€11,000.00</b>	<b>€2,200.00</b>	<b>€ 29,700.00</b>

## Other Financial Support

### BIOSKETCH

#### Biosketch File

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Total Files: 1

### Declarations

## Notes

#### Your Notes, if any

#### Supporting Documents

## 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:** Demo App1

**Place:** Milano

**Date:** 10/03/2026

## Attachments

Test-PDF1

Test-PDF4

Test-PDF2

Test-PDF3