

Letter of Intent

| | |
|--|--|
| Name of the Principal Investigator | |
| Specialty | |
| Unit or Department | |
| Name and address of the hospital/institution | |
| Phone number | |
| E-mail | |
| SIGE member | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|------------------------------------|--|
| Amount of funding required (Euros) | |
|------------------------------------|--|

| | |
|---|--|
| Anticipated number of participating centers (approximate) | |
| List of participating centers (i.e. Unit or Department, Name and address of the hospital/institution, Phone number, E-mail | |

| |
|--|
| References <i>List of the main publications from literature (5 maximum) justifying the project in the national and international context</i> |
| |

| |
|--|
| |
|--|

| |
|---|
| Title of the research project |
| Rationale (max 1000 words) |
| |
| Originality and innovative aspects (max 500 words) |
| |
| Main and secondary objectives with description of the working hypotheses, tasks, experimental designs and methodological approaches (max 2000 words) |
| |
| Feasibility of the project (max 500 words) |
| |

| |
|--|
| |
| |
| Statistical analysis |
| Total number of scheduled patients / observations to be recruited (if any) (max 500 words) |
| |
| Duration (the maximum duration is 36 months) |
| |
| GANTT CHART |
| |
| Participation and description of the research network (if any) |
| |
| Other aspects to insure the feasibility of the project, including preliminary results (max 500 words) |
| |
| Expected patient or public health benefit (max 500 words) |
| |

BUDGET FORM AND JUSTIFICATIONS

| Direct Research costs | 1st year | 2nd | 3rd |
|---|-----------------|------------|------------|
| - <i>Consumables and supplies</i> | | | |
| - <i>Services</i> | | | |
| - <i>Publication costs (5%)</i> | | | |
| - <i>Meetings and travel costs (5%)</i> | | | |
| Subtotal | | | |
| Indirect Costs | | | |
| - <i>Overheads (10,0%)</i> | | | |
| Total | | | |

| | |
|--|--|
| 1ST YEAR JUSTIFICATION NOTES | |
| 2ND YEAR JUSTIFICATION NOTES | |
| 3RD YEAR JUSTIFICATION NOTES | |

| | |
|--|--|
| DISCLOSURE OF FINANCIAL CONFLICTS OF INTEREST | <p>Disclosure statement: «I do not have financial CoI» «I do have the following financial CoI »</p> <p>Conflicts related to the proposal: Name of the company/corporation involved Type of conflict</p> <p>Description</p> <p>Conflicts not related to the proposal</p> |
| BIO-ETHICAL REQUIREMENTS | <p>Research on humans Does the research plan include interventions on patients and/or healthy volunteers, or involve the use of human biological samples, genetic material, or data collection? YES (if yes, please enclose the approval from the Ethics Committee) NO</p> <p>Research on animals</p> |

| | |
|--|--|
| | <p>Does the proposed research involve animal experimentation? YES (if yes, please enclose the approval from the Ethics Committee) NO</p> <p>The applicant declares that the principles of the three Rs (Replacement, Reduction, Refinement) have been implemented in the research plan. The 3R document is available to the reviewers upon request. Animal experimentation: Principles of the 3Rs.</p> |
|--|--|

Signature of the PI

Date

ESEMPIO