**AAP HDC 2019 Association APEHDia**

**Application form**

**No more than 12 pages**

|  |
| --- |
| **Principal Investigator (PI) Identification** |
| Civility |  |
| NAME |  |
| First name |  |
| Email  |  |
|  |
| Research team*(Name – number)* |  |
| Institution |  |
| Affiliation / Department unit |  |
| Adresse(Primary affiliation) |  |

|  |
| --- |
| **Project identification** |
| Title |  |
| Previsional start date  |  |
| Duration *(24 months max)* |  |
| Non-confidential abstract in english  | *Approximatively 1500 characters including spaces*  |
| Non-confidential abstract in french | *Approximatively 1500 characters including spaces* |
| **Partners of the project** |
| NAME Firstname | Title / Status | Contribution to the project / Role | Lab / Research unit |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Publications*** *From PI and/or partners*
* *Most relevant of the last five years*
* *5 maximum*
 |
| N° | Content | Comment |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

|  |
| --- |
| **Description of the project** |
| State of the art and rationale of the project |  |
| Relevance to patients’ needs |  |
| Preliminary data*(if appropriate)* |  |
| Objectives  | * Goal 1 :
* Goal 2 :
* Goal 3 :
 |
| Does the project concern ? |  Righ hernia Left hernia  Pregnant women Infants or child **(***specify age)* Other Free comment: ……………………………………………………………………………………………………… |
| Methodology |  |
| Experimentation plan and schedule | * Task 1 (description and duration) :
* Task 2 (description and duration) :
* Task 3 (description and duration) :
 |
| Expected results and outcomes  |  |
| Valorization / Communication considered | *(specify the targets)* |
| Bibliography |  |
| Budget estimation |
|  | Total budget  | Amount requested | Comment |
| Operation / ServicesDetails : |  |  |  |
| SalaryDetails : |  |  |  |
| EquipementDetails : |  |  |  |
| OtherDetails : |  |  |  |
| Total |  | *10 KE max* |  |

|  |
| --- |
| **Additional source of funding** for the project |
| Source  | Statut*(requested or received)* | Funding amount | Start date | Duration |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Excluded reviewers** *(5 max)* |
| N° | Reviewer Name | Structure / Affiliation | Explanation |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**No more than 12 pages**

**File nomination : PI NAME\_AAP APEHDIA 2019**

**Please send in PDF by email at aap.asso@fondation-maladiesrares.com**