**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 |  | | |  | |

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| **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 / Services  Details : |  |  |  |
| Salary  Details : |  |  |  |
| Equipement  Details : |  |  |  |
| Other  Details : |  |  |  |
| Total |  | *10 KE max* |  |

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

|  |  |  |  |
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| **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**