



PERSONALISED MEDICINE CONSORTIUM (PMC)

PMC PUMP PRIME GRANT

Call for biomedical research 2020

APPLICATION FORM

This application form must be completed in English and sent  
electronically, at the latest by October 15 2019, to: [pmc@ibbl.lu](mailto:pmc@ibbl.lu)

Name of the research project:

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.....  
.....  
.....

Leader name:

.....  
.....  
.....  
.....

## 1. Institutions & Investigators

Select the partnering funding institutions: (at least 2 of these institutions are mandatory)

IBBL

LIH

LCSB

LSRU

LNS

### Investigator 1

Name: .....

Surname: .....

Nationality: .....

Address: .....

Tel: .....

E-mail: .....

Institution (name and address)

.....

### Investigator 2

Name: .....

Surname: .....

Nationality: .....

Address: .....

Tel: .....

E-mail: .....

Institution (name and address)

.....

### Investigator 3

Name: .....

Surname: .....

Nationality: .....

Address: .....

Tel: .....

E-mail: .....

Institution (name and address)

.....

Add as many investigators or subcontractors as needed on the provided separate sheet (page 9)

## 2. Project presentation

## 2.1: Summary : (0.5 page maximum)

[illegible]

## 2.2: Scientific background of the project : (2 pages maximum)

*Includes clearly stated hypothesis, state-of-the-art, work plan to be undertaken, why pump priming is needed, expected deliverables, start & end dates, timeline, names of collaborators involved, expertise of the partners.*

[illegible]

[illegible]

Please complete the following table to show a detailed breakdown of the funds requested (up to €60k). Please ensure all collaborators are consulted to make sure all expenses are included. Up to €50k can be used for consumables, external sample analyses, data collection, inter-institution costs (at cost price), market research, literature reviews, pilot studies led by clinician-researchers. It cannot be used for existing staffing, equipment use, already funded project components or as "bridge fund" for researchers. Patient recruitment costs up to €10k must also be added in this table.

<u>Institution</u>	<u>Item</u>	<u>Unit size</u>	<u>Cost per unit (€)</u>	<u>Number of unit</u>	<u>Total cost (€)</u>
<i>e.g IBBL</i>	<i>DNA extractions</i>	<i>per kit</i>	<i>300</i>	<i>15</i>	<i>4,500</i>

## 2.4 : In-kind funding : (0.5 page maximum)

Please break down in detail the contributions in-kind provided by all the institutions involved. In-kind funds are contributions of services, such as existing staffing, processing hours, data entry, statistics analyses, equipment use, man hours, ...

<u>Institution</u>	<u>Item</u>	<u>Unit size</u>	<u>Cost per unit (€)</u>	<u>Number of unit</u>	<u>Total cost (€)</u>
<i>e.g. CHL</i>	<i>recruitment</i>	<i>per doctor hour</i>	25	15	375

**2.5 : Multi-institutional dimension of the project** (0.5 page maximum)

*Includes demonstration of true interdisciplinary (between LIH, LCSB, IBBL, LNS, UNI, hospitals and other biomedical institutions addressing the research question), value added to science through the partnership*

[illegible]

## 2.6 : Impact of the project : (1 page maximum)

*Includes clinical impact, economic impact on Luxembourg, preliminary expectations...*

[illegible]

### 2.7 : Next steps of the project: (0.5 page maximum)

*Includes: clearly articulated next steps following the pump priming award, future joint research likely to accrue from the collaboration*

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### 3. Contact

Clair Meek

IBBL

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1, rue Louis Rech, L-3555, Dudelange, Luxembourg

E-Mail: [pmc@ibbl.lu](mailto:pmc@ibbl.lu)

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## Additional Investigators or Subcontractors

### Investigator:

Name: .....

Surname: .....

Nationality: .....

Address: .....

Tel: .....

E-mail: .....

Institution (name and address)

.....

### Investigator:

Name: .....

Surname: .....

Nationality: .....

Address: .....

Tel: .....

E-mail: .....

Institution (name and address)

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### Investigator:

Name: .....

Surname: .....

Nationality: .....

Address: .....

Tel: .....

E-mail: .....

Institution (name and address)

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