

**APPLICATION**

Deadline: June 30

MEDIC Coordinator  
Prof. Fred T Bosman  
Institut Universitaire de Pathologie, CHUV  
Rue du Bugnon 25, CH-1011 Lausanne  
fred.bosman@chuv.ch

**Part 1: General Information**

1. BASIC DATA	
	<input type="checkbox"/> New proposal or <input type="checkbox"/> Follow-on proposal Title
<b>Continuation foreseen</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Project title in English</b>	
<b>Amount requested CHF / EUR</b>	
<b>Starting Date</b>	Starting date:
<b>Duration</b>	Duration:
<b>Main applicant</b> Surname, first name, academic degree, institution	
<b>Attachments</b>	<input type="checkbox"/> Curriculum vitae (max 3 pages) <input type="checkbox"/> List of publications by applicants (indicate in bold the 5 you consider as most important in the context of this application) <input type="checkbox"/> Publications (include the 3 most relevant publications)

The main applicant confirms hereby the veracity of all the details given in both parts of this proposal including the attachments. They were prepared in agreement with the persons involved.

Place, Date:

Signature:

## 2. APPLICANT'S PERSONAL DATA

### 2.1 MAIN APPLICANT

<b>Surname, first name</b> Academic Degree Position Date of birth Nationality	
Laboratory / Service Institute / Department University / Institution Street, Nr PC, City Direct line Office line Fax E-mail	

### 2.2 APPLICANT (only for collaborative projects)

<b>Surname, first name</b> Academic Degree Position Date of birth Nationality	
Laboratory / Service Institute / Department University / Institution Street, Nr PC, City Direct line Office line Fax E-mail	

<b>2.3 APPLICANT</b> (only for collaborative projects)	
<b>Surname, first name</b> Academic Degree Position Date of birth Nationality	
Laboratory / Service Institute / Department University / Institution Street, Nr PC, City Direct line Office line Fax E-mail	

<b>2.4 APPLICANT</b> (only for collaborative projects)	
<b>Surname, first name</b> Academic Degree Position Date of birth Nationality	
Laboratory / Service Institute / Department University / Institution Street, Nr PC, City Direct line Office line Fax E-mail	

### 3. OTHER SUPPORT

Have you requested other sources of support for this project? Do you intend to apply to other organizations for funding?

### 4. REQUESTED FUNDING (from MEDIC)

#### 4.1 Equipment

Commercially available devices and instruments as well as components necessary for the construction or adaptation of devices or systems (list the manufacturer, the type, and the retailer). Offers are to be included for major components.

**TOTAL (CHF / EUR)**

#### 4.2 Consumables, maintenance and rental of equipment

TOTAL (CHF / EUR)

#### 4.3 Field expenses, invitations, conference participation (detailed indications)

TOTAL (CHF / EUR)

#### 4.4 Miscellaneous

TOTAL (CHF / EUR)

<b>5. PERSONNEL</b>	<b>Gross salary to charge of MEDIC</b>	
Indicate type of position: Senior staff Postdoc Graduate student Technician	<b>Position</b>	<b>Year</b>
	<b>1</b>	1
		2
		3
	<b>2</b>	1
		2
		3
	<b>3</b>	1
		2
		3
	<b>TOTAL</b>	

<b>6. RECAPITULATION OF BUDGET</b>					
		1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	Total
4.1	Equipment				
4.2	Consumables				
4.3	Field expenses				
4.4	Miscellaneous				
5.	Salaries				
6.	TOTAL				

## 7. RESEARCH REQUIRING AUTHORIZATIONS OR NOTIFICATIONS

Please answer all the following questions. If indicated, the additional forms as well as the required authorizations and notification have to be enclosed in the grant application. Please note that funds are only available when all necessary permissions and authorizations are available.

### 7.1 The project contains research on humans

(Projects on human subjects, studies using human tissue samples or individual medical data)

Yes → enclose authorization for research on humans

No

### 7.2 The project contains research on animals

Yes → enclose authorization for research on animals

No

### 7.3 The project contains research on genetically modified organisms

(GMO according to the ordinance on the contained use of organisms CO, Art 3 Bst. C and annex 1; The definition of pathogens includes organisms that can harm humans, animals and plants; <http://www.admin.ch/ch/d/sr/8/814.912.de.pdf>)

Yes → enclose authorization for research on GMO and pathogens

No

### 7.4 The project contains research on human embryonic stem cells

Yes → enclose authorization for research on human embryonic stem cells

No

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## Part 2: Scientific Information

<b>Main applicant</b> Name, first name	Starting date: Duration:
<b>Project title</b>	

1. Summary (max 300 words)
2. Research plan (max 2000 words)
  - 2.1 Describe the state of research in the field. Please mention the most significant publications written by other authors (max 500 words).
  - 2.2 Describe the contribution of applicant in the field. Please mention the most important publications (max 300 words).
  - 2.3 Establish a detailed research plan. Please mention the objectives and goals, the methods of investigation, the available data, the data to be collected (max 1200 words).
3. Note the timetable and milestones the project duration.