**Support to Clinical Associated Groups (AGA 2025)**

Application form

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| **Principal Investigator** |  |
| **Title of the Proposal** |  |
| **IRBLleida Clinical Associated Group** |  |

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| **1.- Proposal summary in both English and Spanish/Catalan (maximum 1,200 characters each language)** |
| (English) |
| (Spanish)/(Catalan) |

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| **2.- Background and state of the art (maximum 20,000 characters)** |
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| **3.- Relevant bibliography (maximum one page)** |
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| **4.- Hypothesis (maximum 1,000 characters)** |
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| **5.- Objectives (maximum 1,000 characters)** |
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| **6.- Methodology – Study design, items and subjects; data extraction and analysis; data management plan, study limitations, contingency plan, gender perspective (maximum 16,000 characters)** |
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| **7.- Work Plan – Including a Gantt’s Chart where the associated costs, personnel involved and responsible PI are properly included for each work package (maximum 2,000 characters)** |
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| **8.- Previous experience of the team related to the project and preliminary results (maximum 2,000 characters)** |
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| **9.- Adequation to the RRI principles (maximum 2,000 characters)** |
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| **10.- Transfer possibilities to the Sistema Nacional de Salud (SNS) (2,000 characters)** |
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| **11.- Detailed Budget**  |
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| **12.- Does the project need approval from the CEIm, CEEA and/or Biosafety?** |
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| **13.- Is the PI under 45 years old?** |
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| **14.- Responsible Declaration PI** |
| I, Mr./Ms. ............................................................ of legal age, with National Identity Card No. / Passport No. ........................... declare that I meet the requirements for participation in this call and that all the information provided in the same is true.And for the record and for the purposes of my participation in this call, I sign this declaration in Lleida at ……(day) of ……(month) of ……(year).(Signature) |