## PHRT – Technology Translation (TechTrans) Proposal Form 2021

## Part 1: General Information

**1. Basic data**

|  |  |
| --- | --- |
| **Project title** |  |
| **Amount requested CHF** |  |
| **Starting date** |  |
| **Duration** |  |
| **Main applicant**  Surname, first name  Academic degree  Institution |  |

|  |  |
| --- | --- |
| **Joint PHRT-SPHN Proposal?** | yes  no If yes, please note that the **very same proposa**l must **be submitted to SPHN**  as an Infrastructure Development Project proposal. |

The applicant hereby confirms that all the information provided in all parts of this proposal, including the attachments, is true and correct. They were prepared with the consent of the persons involved.

|  |  |
| --- | --- |
| Place, date: | Signature: |

*Please sign this page, scan it and add it to the PDF of the proposal.*

**2. Personal data**

**2.1. Main applicant**  **clinical and / or medical partner**

|  |  |
| --- | --- |
| Surname, first name  Academic degree  Position  Date of birth  Nationality | Gender |
| Social Security Number |  |
| Institute/Department  University/Institution  Street, Nr  PC, City  Direct line  Office line  E-mail |  |

**2.2. Co-applicant:**  **clinical and / or medical partner**

|  |  |
| --- | --- |
| Surname, first name  Academic degree  Position  Date of birth  Nationality | Gender |
| Institute/Department  University/Institution  Street, Nr  PC, City  Direct line  Office line  E-mail |  |

**2.3. Co-applicant:**  **clinical and / or medical partner**

|  |  |
| --- | --- |
| Surname, first name  Academic degree  Position  Date of birth  Nationality | Gender |
| Institute/Department  University/Institution  Street, Nr  PC, City  Direct line  Office line  E-mail |  |

**3. Thematic orientation and scientific networks**

|  |  |
| --- | --- |
| **Discipline(s)** |  |
| **Keywords** |  |
|  |  |
| **International collaboration** | yes  no |
| If yes, with which persons/  groups/institutions? |  |
| In which context? |  |
| In which countries? |  |
|  |  |
| **National collaboration** | yes  no |
| If yes, with which persons/  groups/institutions? |  |
| In which context? |  |

**4. Research requiring authorizations or notifications**

Please answer all the following questions. If applicable, complete the appropriate forms and attach them, together with the required authorizations and notifications, to the grant application form. Please note that funds will not be released until all necessary permissions and authorizations have been obtained

**4.1 The project involves research on humans.**

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

|  |  |  |
| --- | --- | --- |
| Yes | → Enclose the form *Research on humans* | No |

**4.2 The project involves research on vertebrates, decapods or cephalopods.**

|  |  |  |
| --- | --- | --- |
| Yes | → Enclose the form *Research on animals* | No |

**4.3 The project involves research on pathogens or genetically modified   
organisms.**

("GMO" as defined in the *Ordinance on the contained use of organisms* CO, Art. 3C) and Annex 1. Pathogens are organisms that can harm humans, animals and plants; )

|  |  |  |
| --- | --- | --- |
| Yes | → Enclose the form *GMO and pathogens*. | No |

**4.4 The project involves research on human embryonic stem cells.**

|  |  |  |
| --- | --- | --- |
| Yes | → Enclose the form *Human embryonic stem cells* | No |

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## Part 2: Scientific and Technical Information

1. **Abstract   
   (1 page)**
2. **International standing** of all applicants in their field of research

**(1 page)**

1. **Technology development plan:** state of the art, description of prototype,   
   key questions, methods, cooperation with clinics, and milestones.  
   ***Note****: For joint PHRT-SPHN proposals: the technology development plan must be split into two parts, each relating to the SPHN and PHRT aspect of the proposal* **(10 pages)**
2. **Data management** (integration / implementation) plan, in particular explaining how to implement the FAIR principle

**(max 3 pages)**

1. **Clinical importance:** explain the path to clinical implementation, intended use, possible hurdles, etc  
   **(max 2 pages)**
2. Description of **expected outcome** (specifically how and when the technology   
   will be applicable **in a clinical setting** and how this will be demonstrated)  
   **(1-2 pages)**

**Attachments:**

|  |
| --- |
| CV and publication list for the past 5 years of the PI and all co-PIs  Letter(s) of intent  Potential **reviewer** (positive and negative list)  **Relation** to [SPHN](https://sphn.ch/en/projects/) or [PHRT](https://www.sfa-phrt.ch/projects) projects approved in the first phase 2017-2020: please explain the relation   of the proposal to approved projects if there is any |

## PHRT – Technology Translation (TechTrans) Proposal Form 2021

## Part 3: Budget

PHRT will fund TechTrans Projects up to a **maximum of CHF 250,000 per year** for personnel, equipment, consumables and miscellaneous.

**PHRT - TechTrans Proposal: Consolidated Budget**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Personnel** | **Equipment** | **Consumables** | **Miscellaneous** | **Total** |
| **Year 1** |  |  |  |  |  |
| **Year 2** |  |  |  |  |  |
| **Year 3** |  |  |  |  |  |
| **Sub total CHF** |  |  |  |  |  |

\* incl social taxes

Specify the consolidated numbers is the detailed financial plan using the template on the [PHRT website](https://www.sfa-phrt.ch/templates).

**Full Cost Budget of this Technology Translation Project Proposal**

|  |  |
| --- | --- |
| 1. funding requested from **PHRT** |  |
| 1. funding requested from **SPHN** (if it’s a joint PHRT-SPHN project) |  |
| 1. **own contributions** from the SPHN partner institutions  in cash and / or in kind |  |