## PHRT – Pioneer Imaging Project Proposal Form 2021

## Part 1: General Information

**1. Basic data**

|  |  |
| --- | --- |
| **Project title** |  |
| **Amount requested CHF**  **(max. CHF 500’000.-)** |  |
| **Starting date** |  |
| **Duration (max. 2 years)** |  |
| **Main Applicant**  Surname, first name  Academic degree  Institution (must be an Institution of the ETH Domain) |  |

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. Applicant’s personal data**

*Please use «tab» to move from one field to the next*

**2.1. Main Applicant**

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

**2.2. Co-Applicant 1:**  **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 2:**  **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

a. **Summary:** concise statement of the goals, milestones and significance of the   
project  
**(1-2 pages)**

b. **International standing of all applicants in their fields of research**  
**(max 2-3 pages in total)**

c. **Project plan**  
**(maximum 5 pages in total; CVs and references not included.   
Note: any pages exceeding 5 will not be considered).**

c.1. Background and **state of the art** relevant to the project

c.2. **Goals** of the project: explanation of the clinical question(s) including relation to the clinical samples

c.3. **Clinical samples**: IRB (ethical) approval, number of subjects providing images/samples (disease and control), state and quality of the images/samples, metadata, additionally available data and information

c.4. **Data management** (integration/implementation), strategy of data processing

c.5. **Description of the consortium**, role of the main and each co-applicant

c.6. Expected **impact and significance**

c.7. **Bibliography**

**Attachments:**

|  |
| --- |
| **CV** and **publication list** of the past 5 years of all applicants  Detailed Budget (see template on our website)  Potential **reviewer** (positive and negative list)  **Relation**(s) of the proposal to [SPHN](https://www.sphn.ch/en/projects.html) or [PHRT](https://www.sfa-phrt.ch/approved) **projects approved earlier** if there is any |

**Applicants for Pioneer Imaging Projects are required to:**(Checkbox)

|  |
| --- |
| provide a **clearly formulated clinical question relevant for personalized medicine** that is expected to be addressable with the data resulting from the project. Explorative studies without clear clinical focus are outside of scope.  explain the aims of the project, **specific goals** and **clinical endpoints**.  ensure that **consent for multi-omic experiments** has been given.  provide **ethical approval** for all samples at time of application.  document that a image/sample cohort achieving **statistical significance** is available at the time of application or within 3 months of the intended start date.  demonstrate that the **samples/images are high quality** and available at the start of the project   or within 3 months of the intended start date.  demonstrate the availability of **relevant clinical meta data** of the sample cohort to allow the association   of the imaging results with clinical data.  demonstrate that the **images/samples can be delivered** to the researchers within 3 months of positive funding decision.  provide a **clear description** how the **high dimensional data** will be processed and used to gain new   and relevant clinical knowledge  provide a **plan for data management and ownership**  provide a **detailed budget for the project**  **clinical trials** can be included if they fulfil the criteria stated above. |

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## Part 3: Budget

PHRT will fund Pioneer Imaging Projects up to a **maximum of CHF 500,000** formainly personnel, consumables and miscellaneous. Also running costs of equipment can be covered but no acquisition of large equipment. A certain amount should be considered for paying “clinical services” to hospitals.

**Consolidated PHRT Budget**

Specify the consolidated numbers in the detailed budget plan using the template on the [PHRT website](https://www.sfa-phrt.ch/call-for-proposals).

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

**Full Cost Budget of this Pioneer Imaging Project Proposal**

|  |  |
| --- | --- |
| 1. funding requested from **PHRT** |  |
| 1. **own contributions** from the institutions  (in cash and / or in kind) |  |
| 1. funds **(2nd party)** directly linked to the project approved from competitive research institutions (SNSF, Innosuisse, EU, NIH, etc) |  |
| 1. private funds **(3rd party)**: collaboration with private sector (industry, SMEs, foundations and others) |  |
| **Total** |  |