Isidore TRANSNATIONAL ACCESS (TNA)

APPLICATION FORM

Version 03

Last updated: 04 October 2022

**APPLICATION FORM FOR ACCESS TO ISIDORe SERVICES**

**CELL MODELS & IN VIVO SERVICES**

Please complete the following application form for your project to be considered. You will need the **ISIDORe ID number** that you have obtained from the pre-application process.

When preparing your application, please keep in mind that your application will be reviewed by independent experts. Make sure that you describe your project as accurately and clearly as possible for a competitive evaluation.

Text in *italics* is intended for guidance and should be deleted from the final submission form.

Your application form should be fully completed (Arial, font size 11, single spacing), signed by **ALL applicants** (Consent to ISIDORe Data Protection Policy) and submitted as a single PDF. Parts below should be included *(please check the relevant boxes)*:

[ ]  PART I General information

[ ]  PART II Project description

[ ]  PART III Profile of all applicants *(please use template in this document)*

[ ]  PART IV Suggestions of reviewers to evaluate proposal (OPTIONAL)

[ ]  PART V Satisfaction survey

[ ]  PART VI Consent to ISIDORe Data Protection Policy **signed by all applicants**

Detailed information regarding the ISIDORe TransNational Access programme can be found on the ISIDORe website (<https://www.isidore-project.eu>).

**To submit your application, or for any questions or concerns, please contact us:**

exvivo-invivo-services@isidore-project.eu

**We are looking forward to receiving your application!**

**PART I – GENERAL INFORMATION**

**1. PROJECT IDENTIFICATION**

|  |  |
| --- | --- |
| ISIDORe ID number |  |
| ISIDORe TNA topic |  |
| ISIDORe service |  |
| Title of the project |  |
| Acronym of the project |  |
| Principle Investigator (PI) Name |  |
| PI Institution |  |
| Email address |  |

**2. APPLICANTS**

*Please indicate if this proposal is submitted by:*

☐ One applicant (PI indicated in Part I, Section 1)

☐ A group of applicants: how many applicants in total: \_\_

*If applicable, please list the additional applicants in the table below. The members of the group of applicants can be affiliated to different organizations. If the proposal is selected, the fulfilment of the transnational access requirement for the provision of the requested service will be based on the country where the organization of applicant #1 / the PI.*

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT #** | **FULL NAME** | **ORGANIZATION** | **COUNTRY** |
| Applicant 2 |  |  |  |
| Applicant 3 |  |  |  |
| … |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3. PROJECT ABSTRACT**

*Please give a short description of your planned work, your main objectives, the expected outcomes and the expected benefit of accessing ISIDORe services. Please limit to about 300 words.*

**PART II – PROJECT DESCRIPTION**

*Notes:*

*• For a competitive evaluation, please make sure that your Project Description is as accurate and clear as possible. Please include proof-of-concept / preliminary results and your proposition of statistical analysis where appropriate.*

*• Page / word limits for each section are indicative. Shorter descriptions are acceptable as long as they are detailed enough for proper evaluation.*

1. **SELF-ASSESSMENT / ETHICAL STATEMENT**

*This section allows to determine whether or not your project includes elements that could compromise its eligibility. Please note that all submitted applications will still undergo an eligibility check upon receipt.*

|  |
| --- |
| **HUMAN PARTICIPANTS** Does your research involve human participants (either directly and/or through the collection or processing of personal data)? *If the answer is YES, your application may need a separate evaluation (Please contact us at application@isidore-project.eu).* [ ]  YES [ ]  NO |
| **HUMAN CELLS / TISSUES** a. Does your research involve human cells or tissues?[ ]  YES [ ]  NO b. Are they available commercially? [ ]  YES [ ]  NO |
| **HUMAN EMBRYOS, FOETUSES** Does your research involve Human Embryonic Stem Cells (hESCs)? *If the answer is YES, your application is not eligible to the ISIDORe TNA Call.* [ ]  YES [ ]  NO |
| **DUAL USE, CIVIL APPLICATIONS, MISUSE** a. Does your research involve dual-use items in the sense of Regulations 428/2009, or other items for which an authorization is required? [ ]  YES [ ]  NO b. If an authorization is required, have you obtained it? *If the answer is NO, your application is not eligible for access to ISIDORe services.* [ ]  YES [ ]  NO c. Could your research raise concerns regarding the exclusive focus on civil applications? *If the answer is YES, your application is not eligible for access to ISIDORe services.* [ ]  YES [ ]  NO d. Does your research have the potential for dual‑use of results? *If the answer is YES, your application is not eligible for access to ISIDORe services.* [ ]  YES [ ]  NO |

Are there any other ethics issues (other than those regarding animal experimentation, see Section 3, below) that should be taken into consideration?

***If you describe here any other ethical issue, please contact us at:***

***exvivo-invivo-services@isidore-project.eu***

1. **SCIENTIFIC RATIONALE & AIM OF THE PROJECT**

*Please provide an introduction of the project including state-of the art, background, general purpose and specific aims. Please limit the text to 3 pages max (this page limit does not include the figures and references, if any).*

1. **RESEARCH STRATEGY, METHODOLOGY & ASSOCIATED WORKPLAN**

*Please outline the study design and the experimental plan with a specification of the methodology (including statistical justification, rationale of the choice of the experimental model) and a description of the ISIDORe service needed.*

*Please note that here, you are not expected to provide detailed protocols of experimentation. Experimental specifications will be discussed with the ISIDORe partner facility in charge of implementing the service you requested.*

**OPTIONAL: ADDITIONAL INFORMATION TO BE PROVIDED FOR IN VIVO STUDY REQUESTS:**

*If your request concerns animal studies, clearly present proof-of-concept / preliminary results from in vitro studies and justify the necessity to perform in vivo experiments in your project (lack of any other model, need for further clinical development, etc.).*

*Specify all analytical methods that are required to reach the objectives of the proposed animal study (immunomonitoring methods, viral load analysis, histopathology, etc.). Please note that analytical services can be offered as part of the IN VIVO MODELS services or can be relayed to other ISIDORe service hubs.*

*For animal studies, please include a short ethical statement (application of the 3R principles in the experimental design, indications about humane endpoints, etc.). Please note that in the case of a successful application for IN VIVO MODELS services, the selected ISIDORe partner facility may require additional information to apply for a license from the local ethics committee.*

*Please limit the text of the whole section to about 3 pages (this page limit does not include the figures and references, if any).*

*You may provide a letter of support of the affiliated laboratory / institute.*

1. **EXPECTED OUTCOMES & IMPACT**

*Please, describe the expected short to mid-term outcomes and impact of your project; mention the steps that will be needed to bring about these impacts. For example, after the completion of the project described in this application, how long do you estimate it would take to prepare and submit a manuscript? Or: will the results of the project described in this application be used to revise and re-submit a manuscript? Or: do you need the results of this project to move forward in the development/refinement of a vaccine or treatment, or to obtain funding? What will be the impact of this work in the field? Please limit to 1 page max.*

1. **ALIGNMENT WITH THE SCOPE OF THE CALL FOR PROPOSALS AND RESEARCH TOPIC CHOSEN**

*Please explain the relevance of your project within the topic of the ISIDORe call for proposals you are applying for. Please limit to 250 words max.*

1. **NEED FOR ACCESS TO ISIDORe CAPACITIES**

*Clearly state why the access to an ISIDORe service is required and describe why the work cannot be performed at your institution or locally. Please limit to half a page max.*

**PART III – APPLICANT PROFILE(S)**

*Please indicate if this proposal is submitted by:*

☐ One applicant (PI indicated in Part I, Section 1)

☐ A group of applicants: how many applicants in total: \_\_

*Please provide details for each additional applicant by replicating the DETAILS, SCIENTIFIC PROFILE and MOST RELEVANT PUBLICATIONS sections as many times as necessary*

**APPLICANT** **1**

**1. DETAILS**

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Gender: |  |
| Nationality: |  |
| Current position: |  |
| Organization name: |  |
| Organization address: |  |
| Email: |  |

**2. SCIENTIFIC PROFILE**

*Briefly state your main areas of expertise and professional activity (limit to 250 words).*

**3. MOST RELEVANT PUBLICATIONS**

*Please indicate all publications related to this application and up to 5 most relevant publications of your scientific career (start from the most recent and highlight your name in bold).*

**APPLICANT** **2**

**1. DETAILS**

|  |  |
| --- | --- |
| Title: |  |
| Name: |  |
| Gender: |  |
| Nationality: |  |
| Current position: |  |
| Organization name: |  |
| Organization address: |  |
| Email: |  |

**2. SCIENTIFIC PROFILE**

*Briefly state your main areas of expertise and professional activity (limit to 250 words).*

**3. MOST RELEVANT PUBLICATIONS**

*Please indicate all publications related to this application and up to 5 most relevant publications of your scientific career (start from the most recent and highlight your name in bold).*

**PART IV – SUGGESTED REVIEWERS (OPTIONAL)**

*Please provide here your suggestions of reviewers for the evaluation of your proposal (up to 3 names).*

*Your suggestions may or may not be used for the actual evaluation of your proposal.*

*Should we invite the suggested reviewers, their potential competing interests in evaluating your proposal will be assessed.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***FULL NAME*** | ***ORGANIZATION*** | ***EMAIL ADDRESS*** | ***FIELD OF EXPERTISE*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PART V – APPLICANT SATISFACTION SURVEY**

ISIDORe is a very user‑driven project: **your opinion is crucial to us.**

This survey aims at assessing **your satisfaction** with the whole ISIDORe application process in order to help us improve its quality. We very much appreciate your collaboration.

* **GENERAL INFORMATION on ISIDORe calls for proposals and offer**
1. **How did you find out about the ISIDORe call for proposals you applied to?**

[ ]  Institutional websites Please specify:

[ ]  Social media Please specify:

[ ]  Colleagues Please specify:

[ ]  Scientific conferences Please specify:

[ ]  Other Please specify:

1. **What would be the most appropriate communication channel(s) to keep you informed on future similar calls for proposals?**

[ ]  Institutional websites Please specify:

[ ]  Social media Please specify:

[ ]  Colleagues Please specify:

[ ]  Scientific conferences Please specify:

[ ]  Other Please specify:

1. **Were you already familiar with the mechanisms of Transnational Access (TNA)?**

[ ]  YES [ ]  NO

**If not, did you easily understand the mechanisms of TNA as explained on ISIDORe’s website?**

[ ]  YES [ ]  NO

**If not, could you please specify what was unclear and what complement of information you would have needed?**

Click or tap here to enter text.

1. **How satisfied are you with the extent of ISIDORe’s offer of cell and/or animal models available on the catalogue of service?**

[ ]  Very satisfied [ ]  Satisfied [ ]  Somewhat satisfied [ ]  Dissatisfied

1. **Is there anything that you would have liked to have access to but was not available? (Models, techniques, etc.)**

[ ]  YES [ ]  NO

If so, please specify: Cliquez ou appuyez ici pour entrer du texte.

1. **Would you like to share any additional comment on ISIDORe’s offer of cell and/or animal models?**

Click or tap here to enter text.

* **ISIDORe APPLICATION PROCESS and COMMUNICATION with ISIDORe Team**
1. **Overall, how satisfied are you with the content of ISIDORe application form?**

[ ]  Very satisfied [ ]  Satisfied [ ]  Somewhat satisfied [ ]  Dissatisfied

1. **How clear was the content of the application form?**

[ ]  Very satisfied [ ]  Satisfied [ ]  Somewhat satisfied [ ]  Dissatisfied

1. **How relevant was the information requested in the application form?**

[ ]  Very relevant [ ]  Relevant [ ]  Somewhat relevant [ ]  Irrelevant

1. **Did you face any difficulties in preparing your research proposal?**

[ ]  YES [ ]  NO

 If so, please specify: Click or tap here to enter text.

1. **Did you have to contact the ISIDORe team while preparing your proposal application?**

[ ]  YES [ ]  NO

If so, please specify why: Click or tap here to enter text.

1. **How satisfied are you with your contacts with the ISIDORe team?**

**Availability**

[ ]  Very satisfied [ ]  Satisfied [ ]  Somewhat satisfied [ ]  Dissatisfied

**Responsiveness**

[ ]  Very satisfied [ ]  Satisfied [ ]  Somewhat satisfied [ ]  Dissatisfied

**Response quality**

[ ]  Very satisfied [ ]  Satisfied [ ]  Somewhat satisfied [ ]  Dissatisfied

1. **Would you like to share any comment on your communication with the ISIDORe team and/or the support provided?**

Click or tap here to enter text.

1. **How satisfied were you with the time you were given to complete the full application from the initial pre-application?**

[ ]  Very satisfied [ ]  Satisfied [ ]  Somewhat satisfied [ ]  Dissatisfied

1. **Is there any item(s) that you would change in the application form and/or the whole application process?**

[ ]  YES [ ]  NO

If so, please specify: Click or tap here to enter text.

* **CONCLUSIONS on ISIDORe application procedure for free access to cell and/or in vivo models**
1. **Would you recommend ISIDORe and the concept of TNA to colleagues / collaborators?**

[ ]  YES [ ]  NO

1. **Which topics or pathogens would you like to see covered in future calls for proposals?**

Click or tap here to enter text.

1. **Would you like to share any comment about your experience with the application process with ISIDORe?**

Click or tap here to enter text.

**Thank you for your contribution to improve the quality of ISIDORe services!**

**PART VI - ISIDORe DATA PROTECTION POLICY**

Please refer to ISIDORe Data Protection Policy at [**https://isidore-project.eu/privacy-policy/**](https://isidore-project.eu/privacy-policy/).

*Please provide one signature per applicant listed in your proposal.*

**APPLICANT 1**

|  |
| --- |
| MANDATORY: By ticking the specific checkbox below, I acknowledge that I have been provided with a notification on my rights and the purposes of my personal data processing by ISIDORe, according to EU Regulation 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and I grant my consent to ISIDORe for:☐ Processing my personal data for ISIDORe TNA purpose(s) as described in this Data Protection Policy Notice.  |
| OPTIONAL: By ticking the specific checkbox below, I grant my consent to ISIDORe for:☐ Signing me up to ISIDORe mailing list to be contacted about ISIDORe activities, providing my personal data are processed as described in this Data Protection Policy Notice.Printed name: Signature:Date:  |

**APPLICANT 2**

|  |
| --- |
| MANDATORY: By ticking the specific checkbox below, I acknowledge that I have been provided with a notification on my rights and the purposes of my personal data processing by ISIDORe, according to EU Regulation 2016/679 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and I grant my consent to ISIDORe for:☐ Processing my personal data for ISIDORe TNA purpose(s) as described in this Data Protection Policy Notice.  |
| OPTIONAL: By ticking the specific checkbox below, I grant my consent to ISIDORe for:☐ Signing me up to ISIDORe mailing list to be contacted about ISIDORe activities, providing my personal data are processed as described in this Data Protection Policy Notice.Printed name: Signature:Date:  |