



Constitution d'une banque nationale de données et de ressources biologiques de patients atteints de syndrome néphrotique acquis

APPEL A PROJETS 2017
CALL FOR PROPOSALS 2017

Date limite d'envoi des projets : 1^{er} octobre 2017
Dead line for submission of application form: October 1st 2017

Le dossier de soumission doit être envoyé :

- Par courrier électronique à christine.oltragay@auralyon.com (un accusé de réception sera envoyé)
- Par voie postale (1 exemplaire dûment signé) à :

Madame Christine Oltra-Gay
AURAL
124 rue Villon
69008 LYON

The application form must be sent:

- *By Email to christine.oltragay@auralyon.com*
- *By postal mail (1 signed form) to:*

Madame Christine Oltra-Gay
AURAL
124 rue Villon
69008 LYON, France

**APPLICATION FOR CLINICAL DATABASE AND COLLECTION OF
BIOLOGICAL MATERIALS**

Family name of coordinator (1):

First name (1):

Administrative institution:

Present research position: *(In the academic sector, only tenured faculty may apply)*

Title of the project (100 characters maximum)

Acronym ⁽²⁾

Research laboratory:

Name and address:

Country:

Phone number:

Fax number:

E-mail of the applicant:

Type of Institution (specify whether this is an INSERM, CNRS, AP-HP, University, Hospital):

Family name, first name, and signature of the Laboratory Director (an original signature is required for the signed original application, scanned signature is only authorized for e-mail submission):

(1) Capital letters

(2) Maximum of 20 alphanumeric characters; the acronym should be intelligible.

Résumé du projet en français (1 page maximum)

Abstract in English (1 page maximum)

Lay summary in English (5 lines maximum). **Please do not include confidential data.**

Titre "grand public" en français

Résumé "grand public" du projet (200 mots maximum, en français)

Applicant's last 5 most significant publications (with the title):

-
-
-
-
-

Expertise

Mention the names of the referees to be excluded due to known conflicts of interest or collaborations

-
-
-

Mention the names, locations (city and country), and the e-mail addresses of five international referees competent in the field of your project. Present collaborators or co-authors (last five years with commune publications) should be excluded

-
-
-
-
-

| |
|---|
| Request for Financing (in Euros) |
|---|

Financial support applies only to the collection, the databases and the network, not to the scientific project

All the regulatory approvals must be obtained before the financial support is made available

Breakdown of costs – Sums of 'TOTAL' lines or columns must be indicated.

| Last name, first name of coordinator | Parent organization | Expense items | Year 1 | Year 2 | Year 3 | Total |
|--|---------------------|--------------------------------|--------|--------|--------|-------|
| Total amount requested by applicant (or by the network, if applicable) | | Number of person/months | | | | |
| | | Running costs | | | | |
| | | Equipment | | | | |
| | | Personnel | | | | |
| | | Travel | | | | |
| TOTAL (1+2+3 ...) | | | | | | |
| Team 1 (coordinator in case of a network) | | Number of person/months | | | | |
| | | Running costs | | | | |
| | | Equipment | | | | |
| | | Personnel | | | | |
| | | Travel | | | | |
| TOTAL 1 | | | | | | |
| Team 2 | | Number of person/months | | | | |
| | | Running costs | | | | |
| | | Equipment | | | | |
| | | Personnel | | | | |
| | | Travel | | | | |
| TOTAL 2 | | | | | | |
| Team 3 | | Number of person/months | | | | |
| | | Running costs | | | | |
| | | Equipment | | | | |
| | | Personnel | | | | |
| | | Travel | | | | |
| TOTAL 3 | | | | | | |

Details of expenses from table (by team)

Running costs

| Itemize and briefly describe | Year 1 | Year 2 | Year 3 |
|------------------------------|--------|--------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

List of Equipment*

| Itemize and briefly describe | Year 1 | Year 2 | Year 3 |
|------------------------------|--------|--------|--------|
| | | | |
| | | | |
| | | | |

List of staff **(by team)

** Applications for financing salaries of personnel must be justified: name, function and role in the project.

| Name, job title, and role in the project | Year 1 | | | Year 2 | | | Year 3 | | |
|--|------------------|------------------------------------|------------------|------------------|------------------------------------|------------------|------------------|------------------------------------|------------------|
| | Full-time salary | Percentage of time on this project | Requested salary | Full-time salary | Percentage of time on this project | Requested salary | Full-time salary | Percentage of time on this project | Requested salary |
| | | | | | | | | | |
| | | | | | | | | | |

List of planned travel

| List trips and justification | Year 1 | Year 2 | Year 3 |
|------------------------------|--------|--------|--------|
| | | | |
| | | | |
| | | | |

Additional information on management of funds**Recipient/manager of funds:**

List the recipients of funds:

- Address:
- E-mail:
- Phone:

Financing requested from other donors**Description of sources of financing (requested or obtained) by all partners**

Funding applications pending *

| Organization | Approximate date of response | Expected amount | Project title |
|--------------|------------------------------|-----------------|---------------|
| | | | |

| Organization | Date of acceptance | Amount received (specify if this is for running costs or equipment) | Project title |
|--------------|--------------------|---|---------------|
| | | | |

Applicant's name:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

* Please describe how the project submitted to FdR is different, identical or is overlapping with other submitted or funded projects

| |
|--|
| |
|--|

Description of the collection

List and describe here

- the already available clinical data and biological materials; explain how they will be merged and homogenized within the consortium
- the clinical and epidemiological data that will be collected – Please provide the Clinical Record Form
- the prospective biological collection
 - samples (type, volume, processing, handling)
 - storage conditions
 - shipping conditions
- the database management software
- the collection management software
- the quality control that will be implemented (including the operating procedures)

All the relevant technical aspects must be described.

Description of the scientific programme

The applicant must clearly show how

- the scientific programme will benefit from the clinical database and the collection of biological materials
- the clinical database and the collection of biological materials will raise the ambition and the competitiveness of the scientific project.

Please note that the scientific programme will not be supported by the present application

A - Description of the research programme (10 pages maximum)

Please adopt the following plan:

a) Specific aims

b) Novelty /Innovation

Explain the originality and ambitions of the project vis-à-vis competing projects, and the national and international state of the art.

c) Background

Briefly describe the background to the present proposal, critically evaluate existing knowledge, and specifically identify the gaps that this project is intended to fill.

d) Previous work/ Preliminary results

Describe preliminary work, studies or other information that will form the backbone of the present application

e) Research programme:

Outline methodology and techniques to be used to accomplish the specific aims of the programme. If applicable describe new methodology and its advantages over existing methodologies. Discuss expected results, potential difficulties and limitations of the proposal, and propose alternative approaches to achieve the aims within the funding duration.

Explicit the added value of the database and collection with respect to the scientific aims of the programme.

f) Expected consequences

Describe expected results and relevant criteria to measure the success of the application. Describe the socio-economic impacts of the proposed study.

g) Programme management

Describe the project according to a logical and realistic list of workpackages.

h) Literature cited

For the clinical part of the programme, please enclose copies of documents from competent authorities

| |
|---|
| Contribution of each participant |
|---|

Please list in order, scientists, engineers, technicians. All the participants in the programme must sign (electronic signatures are authorized).

| Family name, first name | Title | Institution | Percentage of time <u>on this project</u> | Role in the project | Participants' signatures (scanned's ones are authorized) |
|--------------------------------|--------------|--------------------|--|----------------------------|--|
| Team 1 | | | | | |
| Team 2 | | | | | |
| Team 3 (etc ...) | | | | | |

| |
|-----------------------------------|
| Description of the network |
|-----------------------------------|

Relevance of each partner and added value to the consortium (1 page maximum)

List here the elements necessary for evaluating the qualifications of the partners in the project (past and/or present collaborations). Indicate the added value of co-operations between the partners, such as multi-disciplinarity, for instance.

Partner 1:

Name of the partner:

E-mail of the applicant:

Research laboratory:

Administrative institution:

Recipient/manager of funds:

Partner 2:

Name of the partner:

E-mail of the applicant:

Research laboratory:

Administrative institution:

Recipient/manager of funds:

Please add as many partners as needed

Steering committee

Please describe the composition and the roles of the steering committee

Scientific committee

Please describe the roles of the scientific committee and, if available, its composition

Consortium agreement

Please provide a written version of the consortium agreement, describing rights and duties of all parties

Applicant's name:

**Opinion of the coordinator of the “Filière
Maladies Rares ORKID”**

Comments

Date and signature

| |
|------------------------------|
| CV of the coordinator |
|------------------------------|

| | | | |
|---|----------------------------------|----------------|----------------|
| Curriculum Vitae | | | |
| NAME | | POSITION TITLE | |
| TRAINING (Start with University degree) | | | |
| INSTITUTION AND LOCATION | DEGREE <i>(if applicable)</i> | YEAR(s) | FIELD OF STUDY |
| | | | |

A. Positions and Honors (Chronological order)Positions and EmploymentHonors and Awards**B. Selected peer-reviewed publications** (Chronological order - last 3 years)**C. Editorial activities****D. Professional activities****E. Patents**

| |
|--|
| CV of principal investigators (one by site) |
|--|

| | | | |
|---|----------------------------------|----------------|----------------|
| Curriculum Vitae | | | |
| NAME | | POSITION TITLE | |
| TRAINING (Start with University degree) | | | |
| INSTITUTION AND LOCATION | DEGREE <i>(if applicable)</i> | YEAR(s) | FIELD OF STUDY |
| | | | |

A. Positions and Honors (Chronological order)Positions and EmploymentHonors and Awards**B. Selected peer-reviewed publications** (Chronological order - last 3 years)**C. Editorial activities****D. Professional activities****E. Patents****Calendrier**

| | |
|----------------------------------|-----------------------------------|
| 9 août 2017 : | Ouverture de l'appel d'offres |
| 1 ^{er} octobre 2017 : | Date limite du dépôt des dossiers |
| 1 ^{er} trimestre 2018 : | Notification des résultats |

**Les dossiers doivent parvenir à la Fondation du Rein,
au plus tard le 1^{er} octobre 2017 (cachet de la poste faisant foi).**

Madame Christine Oltra-Gay
AURAL
124 rue Villon
69008 LYON, France

Tél +33 (0)4 72 68 89 06

Les dossiers incomplets ne seront pas pris en considération

Consulter le formulaire de soumission sur les sites de la Fondation du Rein, de la Société Francophone de Néphrologie, Dialyse et Transplantation et de la Fondation pour la Recherche Médicale :

<http://www.fondation-du-rein.org/nos-actions/appels-a-projets.html>

[www.frm.org – espace « chercheurs » – « les prix de recherches »](http://www.frm.org)

<http://www.sfndt.org/sn/index.php>