

**European Society for Paediatric Endocrinology Research Unit**

Sponsor: SANDOZ

**2012 Collaborative Project Grant Support  
PRELIMINARY REQUEST FOR COLLABORATIVE PROJECT GRANT SUPPORT**

The information given on this form will enable the ESPE- Research Unit to assess the eligibility of the applicants and to determine whether the proposed research merits a full application. If the Research Unit's criteria for eligibility and research area are met, a form for a full application will be sent to the principal investigator. The completed form of the Collaborative Project Grant application will be subject to peer-review.

An electronic submission of the completed **preliminary** application should be sent by **e-mail by 30 March 2012 to:**

Irène Netchine, MD, PhD  
ESPE RU Co-ordinator  
Explorations Fonctionnelles Endocriniennes  
Hôpital Trousseau,  
26 avenue du Dr Arnold Netter  
75012, Paris, France  
phone: +33 1 44 73 66 49 (administrative assistant)  
phone: +33 1 71 73 84 67 (direct line)  
fax: +33 1 44 73 61 27  
E-mail: irene.netchine@trs.aphp.fr (Re: ESPE Research Unit)

1. Principal Investigator's Surname\_\_\_\_\_ Forenames\_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_

2. Co-Investigator's Surname\_\_\_\_\_ Forenames\_\_\_\_\_

Address:\_\_\_\_\_

\_\_\_\_\_

3. Co-Investigator's Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

4. Co- Investigator's Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

5. Official address for correspondence

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

6. Title of proposed research

7. Summary of proposed research (up to 300 words)

8. Mode of collaboration

9. Proposed starting date \_\_\_\_\_ Proposed duration (years) \_\_\_\_\_

10. Estimate costing of proposal

This is to give the Research Unit an indication of the likely cost of the project, the costing given needs to be estimated only. Please quote all amounts in Euro.

\_\_\_\_\_

\_\_\_\_\_

## 11. Signatures

We have read the Regulations Governing Applications and if this application is successful we agree to abide by them. We note that no alterations can be made to the award without prior approval from the ESPE-Research Unit Council.

Principal Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Co-Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Co-Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Co-Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Co-Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

For further information, please contact:

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ESPE RU Co-ordinator  
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