# Application – Conceptual Phase

1. PRoject SYNOPSIS

|  |  |
| --- | --- |
| **APPLICANT/COORDINATINGINVESTIGATOR** |  |
| **MAJOR PARTICIPANTS** |  |
| **TITLE OF CONCEPTUAL PHASE** |  |
| **CONDITION** |  |
| **OBJECTIVE(S)** |  |
| **TYPE OF INVOLVEMENT / COLLABORATION** |  |
| **SUBSEQUENT PROJECT** | Exploratory clinical trial  Confirmatory clinical trial  Systematic review |
| **INTERVENTION(S)** |  |
| **DURATION OF CONCEPTUAL PHASE** |  |

1.1 LAY SUMMARY

2. RELEVANCE

2.1 Prevalence, incidence, mortality

2.2 Burden of disease

2.3 Improvement of therapy / impact of the Envisaged trial

Novelty:

**Clinical impact**:

**Patient benefit**

**Socioeconomic impact**:

3. EVIDENCE

4. Patient and Stakeholder INVOLVEMENT

5. Work Plan

**5.1 WORK PACKAGES**

**5.2 time plan**

6. PROJECT PARTNERS

6.1 Major Participants

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name** | **Affiliation** | **Responsibility/Role** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

6.2 expertise / RelEVANT EXPERIENCE

7. FINANCIAL SUMMARY

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **PM** | **Description / Justification** | **Amount requested (€)** |
| Personnel | - |  |  |
| Scientific |  |  |  |
| Non-Scientific |  |  |  |
| Other |  |  |  |
| Contracts\* | - |  |  |
| Travel Expenses | - |  |  |
| Other Expenses |  |  |  |
| **TOTAL** |  |  |  |

PM = Person Months

Co-financing of the subsequent trial by a company:

For pharmacological interventions: trial drug under patent protection  no;  yes, until Date:

For interventions with medical devices: device is CE-certified  no;  yes

If applicable - Commercial interest:

8. References

9. APPENDICES

APPENDIX 1: LIST OF ABBREVIATIONS (OPTIONAL)

**APPENDIX 2: Search strategy (MANDATORY)**

**APPENDIX 3: LETTER OF SUBMISSION / UNTERSCHRIFTENBLATT (MANDATORY)**

KS2021 – Klinische Studien mit hoher Relevanz für die Patientenversorgung

Deutsches Zentrum für Luft- und Raumfahrt e.V. (DLR)

DLR Projektträger

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**Informationen zur KONZEPTIONSPHASE**

|  |  |
| --- | --- |
| **(KOORDINIERENDE/R) ANTRAGSTELLER/IN** |  |
| **ANTRAGSTELLENDE  INSTITUTION** |  |
| **TITEL DER KONZEPTIONSPHASE** |  |

Ich bestätige die Kenntnis und – nach meinem aktuellen Wissenstand – die Richtigkeit der Angaben im formlosen Antrag zu oben genannter Konzeptionsphase für eine klinische Studie / einen systematischen Review.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Datum, Unterschrift Antragsteller/in

**APPENDIX 4: COLLABORATION (MANDATORY)**