## ERA-NETs and European projects: Joint Transnational Calls – FRRB pre-submission eligibility check

#### ERA-NETs and European cofund projects Joint Transnational Call for proposals

#### NAME OF THE ERANET

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#### NAME OF THE JOINT CALL

Joint Transnational Call 2016: "Minimally and non-invasive methods for early detection and/or progression of cancer"

### Fondazione Regionale per la Ricerca Biomedica

#### Pre-submission eligibility - Information check form

(to be filled by each and every Lombardy participant)

In order to expedite the eligibility check process, the Lombardy Foundation for Biomedical Research (FRRB) will grant an eligibility clearance to the applicants prior to the submission of the pre-proposals. To this end, it is mandatory that the applicants return this pre-submission eligibility check form, duly completed and signed, at the email address: <a href="mailto:progetti@frrb.it">progetti@frrb.it</a>. The completed and signed form shall be returned at least 10 working days before the pre-proposal submission deadline of the call for proposal. Applicants will be sent subsequently a written notification only in case of their ineligibility.

#### 1. Lombardy Beneficiary Institute

Institution	
Address	
Scientific Director or	
Legal Representative	
Phone + Fax	
E-mail address	

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### 2. Lombardy Principal Investigator (PI):

Name	
Position	
Type of contractual relationship	a. Permanent position b. Fixed-term contract c. Research Collaboration d. Research Agreement e. Other
Institution with which the PI has a contractual relationship	
Start date and duration of the contractual relationship	
Institution where the research is to be performed	
Address	
Phone + Fax	
E-mail address	
Role of the PI unit in the project (max. 500 characters)	
Approximate requested budget (€)	
•	inator and partners (information available so far)
Project Title	
Project Acronym	
consortium)	research Partner 1 in the multinational research
Name	

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Country	
Position	
Institution/Department	
Address	
Phone + Fax	
E-mail address	
Type of entity (tick as appropriate)	<ul><li>☐ Academia or other research organisation</li><li>☐ ASST or IRCCS</li><li>☐ SME</li></ul>

### **Other Research Partners**

No.	Country	Name of Research	Institution, department	Phone and	Email address	Тур	oe of Entity	
		Partner (Principal Investigator)	and full address	Fax		Academia or other type of Research Organisati on	Public or private IRCCS, Health Care providers (ASST)	SME
2								
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**NB**: if you are not an IRCCS nor an ASST based in Lombardy Region, please indicate which is the regional IRCCS or ASST you are partnering with for the implementation of the research project.

Name	О	of	the	ASST	or	IRCCS
partner						