

GATE 1-L Project proposal from Life-Science

SPONSOR INFORMATION

Date

Company

Name of Investigator

Department and address

E-mail

Phone

Other point of contact
(if relevant)

PROJECT INFORMATION

Project title

Project aim

Protocol status

Project description

(Please provide study protocol or protocol summary as attached files if possible. A Non-Disclosure Agreement can be signed if needed).

Otherwise please describe. Max 1500 characters.

Study endpoints

SUBJECT INFORMATION

Total number of subjects

Number of subjects from
SDCC

Primary inclusion criteria

Primary exclusion criteria

TIME FRAME

Total time frame

FPFV

FPLV

LPLV

REGULATORY REQUIREMENTS

Medical Agency approval
(LMST)

If yes; Journal number

If no; submitted

Date, if submitted

Expected submission date,
if not submitted

Ethical approval (VEK)

If yes; Journal number

If no; submitted

Date, if submitted

Expected submission date,
if not submitted



Data Agency approval

If yes; Journal number

If no; submitted

Date, if submitted

Expected submission date,
if not submitted

Who is data owner and responsible for the application?

Is there a need for data processor and/or sub-data processor agreement?

BUDGET

Please provide detailed budget.
Can be an attached file.