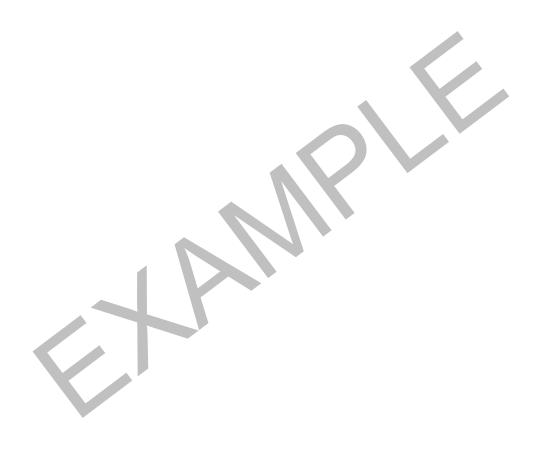
Applicant: Organisation:

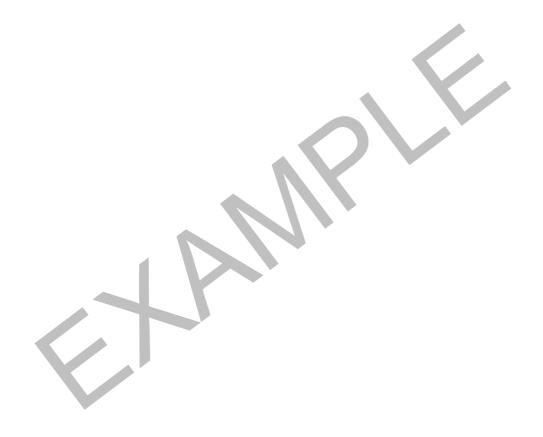
# ATO\999



### PRINCIPAL INVESTIGATOR DETAILS

Title Name Surname Organisation Email (Work)

Address



## ATO\999

### **Section 1 - Applicant Details**

Title	)	
Name	,	
Surname		
Organisation		
Email (Work)		
Address		
GMS ORGANISATION		
Туре	Hospital	
Name		
Address		
Are there any Co-applicants	involved?	
O Yes		
O No		
Are there any Collaborators	involved?	
O Yes		
O No		
	h Plan and Impact	

#### **Project name**

No Response

#### Length of project (in full months, maximum 36 months)

No Response

#### Which health category does your project fit into?

Select the primary health category your project covers. See the link to the HRCS handbook in the guidance document.

No Response

#### Which HRCS Research Activity Codes does your project cover?

Select the HRCS activity code which best describes your project. See the link to the HRCS handbook in the guidance document.

No Response

#### Main condition keyword

State the main condition this project is focused on - for these applications we expect this to be Ataxia Telangiectasia.

No Response

#### Which age groups is your project focussed on?

#### Non-confidential scientific abstract of proposed investigation

No Response

Clinical benefits

No Response

#### Remit

Briefly describe how this project fits the remits of Action Medical Research and Action for A-T.

No Response

#### **Clinical relevance and impact**

Describe the clinical relevance of this project and the route to clinical application. Provide a timeframe for its clinical application and impact in 1) the short term 1-3 years, 2) the medium term 3-7 years and 3) the long term 7+ years.

No Response

#### Briefly describe the overall aim of the project and any hypothesis to be tested

No Response

Research plan
Outline your proposed research plan.
No Response
Upload a maximum of one figure which supports your research plan or provide preliminary data (optional).  No Response
Publications
List up to five recent publications for the Principal Investigator.
No Response
Patient/public involvement
Have you involved, or plan to involve, patients or members of the public in the research process? Briefly outline your plan or provide an explanation for why you do not plan to do so.
No Response
Section 3 - Finance and Resources
Estimated total cost to the charity  No Response
Estimated salary total
No Response
Estimated consumables total
No Response
Estimated equipment costs
No Response
Section 4 - Previous Applications and Awards
Have you applied to Action Medical Research or Action for A-T with this or a related application before?
O Yes
O No

Do you or your co-applicants have any grants from Action Medical Research or Action for A-T that are

### Where did you first hear about this grant round?

If from a website, please specify which website.

No Response

currently active?

O Yes O No