

**APPLICATION FORM**

Project holder name:

Project name:

Project Acronym:

**Requested aid**

[ ]  Production of clinical lots/ATMP production

[ ]  BM-MSC

[ ]  ASC

[ ]  Other

[ ]  Regulatory support

[ ]  IMPD

[ ]  CPP dossier

[ ]  Other

[ ]  Preclinical data (preclinical models, biodistribution, toxicology, immunomonitoring)

[ ]  Clinical monitoring

[ ]  Study design and methodology

[ ]  Other (please specify in the box below)

**Project title**: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Project holder contact information**: (name, phone, email)…………………………

**Associated public research organization(s)** :……………………………………………………………………………………

**Project summary**

**Keywords**(5 max.):………………………………………………………………………………………………………………………………

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**Aim of the study**

**Methods and methodology**

**Rational (2 pages) :**

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**References**

**Team description (attach CV of the project holder)**

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**Experience in cell therapy**

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**Funding obtained (PHRC, ANR, FP7) :**

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**www.ecellfrance.com**

or sent directly by email to contact@ecellfrance.com