

**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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**This application may be filed through the ECELLFRANCE website**

**www.ecellfrance.com**

or sent directly by email to [contact@ecellfrance.com](mailto:contact@ecellfrance.com)