

Appendix 2 – Application Form

Title of project

Name and affiliation of the person in charge of the proposal

Is a patient organisation involved in the research study? Yes/No.

If yes, does this patient organisation have a scientific advisory board? Yes/No.

Research experience of the person in charge of the proposal (or the group) during the past 5 months, if any

Stage of the project: Funded/Pre-funding

(Please, take into account the mandatory financial contribution and the payment terms)

Has the project been approved by an ethics committee? Yes/No If yes, please attach the correspondent approval.

Please give a summary of the proposed activity in the format provided below (3 pages max.):

Study title:

Justification of the need:

Hypothesis:

Objectives:





Regarding the study:

Target population:

- Who can participate? (patients, caregivers, specific disease, age rank)
- In what countries is the study going to be held?
- In what languages is the study going to be held?
- What is the expected sample size?

Methodology:

Write down the name and features of each one of the questionnaires that will be used:

- Questionnaire 1: (Name/Title). Validated/Not validated. Number of questions. Type of information collected
- Questionnaire 2: (Name/Title). Validated/Not validated. Number of questions. Type of information collected
- Questionnaire 3: (Name/Title). Validated/Not validated. Number of questions. Type of information collected
- **Questionnaire 4:** (Name/Title). Validated/Not validated. Number of questions. Type of information collected
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- **Questionnaire X:** (Name/Title). Validated/Not validated. Number of questions. Type of information collected

Describe the data analyses needed to be done by Share4Rare: what variables and what statistical tests





How	will	this	Project	benefit ?	to	people	affected	by	<u>(name</u>	of	disease)
Patien	ts rec	ruitme	ent:								
Will yo	ou nee	ed sup	port in re	cruiting pa	atien	ts? (Yes/	No)				
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Please	, take	e into	account 1	that Share	e4Ra	re will gi	ve technic	al su	oport an	d gui	idance to
patien	ts enr	ollmer	nt through	n the onlin	e reg	gistration	process.				
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nas tii	e proj	ject sp	onsorsnip	, oi a pilai	ma	Jonipariy	res/no				
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if yes,	which	n is the	e purpose	of this su	ppor	t?					
How w	vill you	u feed	back to Sh	are4Rare	and	the peopl	e who get i	nvolv	ed regar	ding	how their
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Please, complete this application form and send it to info@share4rare.org.

