



Swiss Medical Fellowship

Personal Data

Principal investigator

Institution

Email

Phone number

Project Summary

Study title

Therapeutic area

Abstract (background, rationale, methodology): maximum 7000 characters



Swiss Medical Fellowship

Financial and Timeline Information

Budget items and amount

Total amount requested from Swiss Medical Fellowship (in CHF)

Project start and duration

Funding Requested from Other Sources?

Yes

No

If yes, please provide details:

Is the project incorporating patient feedback or feedback from members of the public?

Yes

No

I confirm that if Gilead partially or fully approves this application, the cumulative funding provided by Gilead within this calendar year will not exceed 33% of the organization's revenue.

If salary is requested, I confirm that the pensum is not exceeding 100% and the salary is not covered by any other institution or funding.

