STEP 1: SHORT PROPOSAL

DKTK JOINT FUNDING 2025

PILLAR 2 DIAGNOSTIC INNOVATIONS AND MOLECULAR PREVENTION

! GENERAL GUIDELINES

The project proposal for **Pillar 2 - Diagnostic Innovations and Molecular Prevention** must be submitted within this template and following the guidelines:

- To be eligible for funding, applicants need to have their **main employment at a DKTK partner institution**
- **At least 2 DKTK partner sites** must participate in the project
- Rename this template as follows: **DKTK_JF2025_Pillar2_ShortProposal_ACRONYM_LAST NAME**
- The submission **deadline** is **February 18, 2025, 13:00 CET**, with no possibility of late submissions

- Do not upload additional files
- Adhere to the character limitations
- Access and upload your proposal using this link
- Adhere to additional guidelines outlined in the FAQs

Please note that Short Proposals that do not fit the guidelines and out-of-scope projects will not be considered for evaluation.

-------------------- Please fill out the sections below. We recommend using Adobe Reader and regularly saving your PDF locally on your computer. --------------------

1. PROJECT IDENTIFIER

Please provide a title for the project (up to 200 characters) and its publicly recognized acronym or abbreviation (up to 7 characters).

Project title [ ]   Acronym [ ]

2. APPLICANTS

Overall Project Coordinator

The Overall Project Coordinator acts as primary contact person and is responsible for project coordination across participating sites and for annual project reporting. The Overall Project Coordinator must be a DKTK Faculty member, Investigator, or School of Oncology Fellow.

First name	Last name	Partner site	Main employer	E-Mail address

Local Project Coordinator(s)

Each participating DKTK site must appoint at least **one Local Project Coordinator**. If multiple are listed for one site, one must be selected as the **primary** contact and person coordinating the local project activities. Non-DKTK members may be listed, if they qualify to obtain DKTK Investigator status. For details, see the FAQ section or contact dktk-jointfunding@dkfz.de.

First name	Last name	Partner site	Main employer	E-Mail address	Primary
					☐
					☐

Only in the case of additional Local Coordinators, please provide their first and last name, partner site, main employer, and email address, separated by ";". For example: Jane Doe, partner site AB, Universitätsklinikum XYZ, jane.doe@XYZ.de; John Doe, partner site CD…

[ ]

External Research Partners

If applicable, list researchers who will contribute to the project, but are not located at a DKTK partner institution. Please note that budget can not be allocated to external research partners.

First name	Last name	Institution	E-Mail address

External Service Providers

Optional: Do you plan to include external service providers? More comprehensive information can be provided at the Full Proposal stage.

(Company) Name	Comment

3. RESEARCH SUMMARY

Background and significance

Please provide an overview of the research proposal's background and significance, ensuring that the following questions are addressed (max. 3500 characters incl. spaces): i) What unmet medical need(s) does this research address? ii) What are the envisioned future applications or products of this research? iii) What is the novelty and translational potential of the project? iv) What advantage does the envisioned application or product offer over existing applications? ⓘ For more info, see our FAQ.

Proof of concept and previous work

Please describe the preliminary data and proof of concept obtained so far, including assessment of feasibility (max. 2000 characters, incl. spaces). Address how each entry **criterion** is met (max. 250 characters). Clearly indicate entry criteria that are not met or are not applicable. ⓘ See our FAQ.

⚠ Formulation of the technological concept or application

⚠ Robust experimental proof of concept

⚠ Proof of function of the technology in the laboratory

⚠ Quantitative risk assessment

⚠ Intended positioning defined (Guideline, CE marketing, etc.)

Please note that further entry criteria are available on the next page

Proof of concept and previous work (continued) ↓

❗IP secured/carified

❗Pathway to application

If your project has specific requirements, e.g. for radiodiagnostic developments, you may suggest additional criteria and provide comments on each (max. 250 characters per criteria). ⓘ For more info, see our FAQ.

Research Plan

Please describe your primary hypothesis and provide a brief description of the experimental approach including specific aims. The research plan should provide clear deliverables and timelines for a max. two-year research period. Describe for each investigator, which specific contribution is essential for the success of this project (max. 4000 characters incl. spaces).

4. DECLARATION AND DATA PROTECTION CONFIRMATION

☐ With my signature, I (Overall Project Coordinator) declare that all information in this Short Proosal is correct and that the proposal has not been submitted elsewhere for funding.

☐ I (Overall Project Coordinator) confirm, that all listed investigators have read and agreed with this proposal, and with the data protection information as stated in the DKTK Joint Funding Call 2025 information sheet.

Name of the Overall Project Coordinator

Signature of the Overall Project Coordinator

Please place your signature here, e.g., using the Fill & Sign tool.

Please upload your signed proposal via this **link** by February 18, 2025, 13:00 CET. For support, contact **dktk-jointfunding@dkfz.de**.