

IDEAL REPORTING FORM

Please fill in the form below directly or save the document on your hard drive and email it completed to Debiopharm Representative (patrick.muzzin@debiopharm.com) and the PACTT (pactt.license@chuv.ch).

The information below will be pre-filled by Debiopharm.

INFORMATION

Title of Innovation:

IDEAL Project Code

Researchers involved in the project:

Indicate the contact person within the Institution with an *

Contact Person Details

Email: Phone:

Institution name, Research Unit and Address:

Date:

REPORT

Summary

Brief summary of results and conclusions – no more than 10 lines.

Main achievements

Description of the work, deliverables and timeframe.

More detailed description of activities and results may be presented in a PowerPoint format.

Tasks and Deliverables	Start and End dates	Comment

Next steps and comments (if applicable)