**AAP Recherche en Soins (« APRESO ») 2025**

**VOLET CONVERGENCE**

**A compléter sur TIMETONIC jusqu’au mardi 8 avril 2025 :**

[**https://timetonic.com/live/v7/externform?n=1&b\_o=aphp&t=daf4e6a6e71ffc5ca04d9df115fc0febd69b2a861fb049ecf8d0**](https://timetonic.com/live/v7/externform?n=1&b_o=aphp&t=daf4e6a6e71ffc5ca04d9df115fc0febd69b2a861fb049ecf8d0)

Seul un dossier **exhaustivement complété des points I à IV** sera expertisé. **Cette restriction sera appliquée sans exception.**

**Merci d’utiliser la version 2025 du dossier.**

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| **I. INFORMATIONS GENERALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Titre du projet **(250 caractères maximum - tout dépassement sera tronqué)** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acronyme (15 caractères max sans espace) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Titre du projet en anglais  (**250 caractères max**) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Première soumission de ce projet à un AAP ?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Oui** | | | | | | **Non** | | | | | |
| (APRESO, PHRC national, Interrégional, PREPS, PHRIP, PRME, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| Si non, stade de la soumission précédente (LI ou dossier) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Investigateur coordonnateur | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom de l’AAP (Année) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Les projets proposés ne doivent pas avoir été financés par ailleurs par un PHRIP antérieur ou être déposés à l’édition 2024 du PHRIP en cours d’instruction (sont éligibles les projets déposés à l’édition 2024 du PHRIP et non présélectionnés à l’issue de la phase 1). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Joindre **obligatoirement** les réponses argumentées aux expertises de la dernière soumission avec prise en compte des remarques émises par les évaluateurs (partie III du dossier). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Investigateur coordonnateur** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Civilité (Madame, Monsieur) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Titre | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Prénom | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Nom | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Profession du porteur de projet | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Spécialité (si applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Service (si applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Structure (si applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Ville | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Téléphone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Courriel du responsable de structure interne du porteur (chef de service, coordonnateur général de soins, etc.) (si applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Structure en charge de la promotion et responsable du budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Structure en charge de la promotion (Nom) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Correspondant gestionnaire financier (Nom, Prénom, Email) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Unité de recherche (URC, DRCI, etc.) impliquée | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Structure responsable de la gestion de projet (Nom) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Structure responsable de l’assurance qualité (Nom) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Structure responsable de la gestion des données et des statistiques (Nom) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Domaine de recherche** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discipline principale : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Discipline secondaire : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Discipline autre : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Mots clés** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mot clé 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Mot clé 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Mot clé 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Mot clé 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Mot clé 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Méthodologiste** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Prénom | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Structure | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Téléphone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Economiste de la santé (si applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Prénom | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Structure | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Téléphone | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Nombre prévisionnel de centres d’inclusion (NC) (à détailler dans le tableau à la fin de la partie II)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre de centre(s) (NC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Si le projet est multicentrique, nombre de centres d’inclusion dans la région Île-de-France (NCI): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| le taux NCI/NC doit obligatoirement être ≥ à 50% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | NCI/NC = | | | | | | | | | | | |
| **Nombre de centres d’inclusions distincts en Île-de-France** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| L’AP-HP représente un seul établissement de santé  Les établissements faisant partie d’un même GHT représentent un seul établissement de santé  Pour un projet multicentrique associant plusieurs centres d’inclusion au sein de l’AP-HP et au sein d’autres établissements de santé, chaque centre d’inclusion sera comptabilisé comme « un » centre. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type d’objectif principal de la recherche (1 seul choix possible) :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description d’hypothèses, Faisabilité, Tolérance, Efficacité, Sécurité, Efficience, Impact budgétaire, Organisation de l’offre de soins, Autre (précisez) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Objet de la recherche : technologies de santé[[1]](#footnote-2) (cochez)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Oui** | | | | | | **Non** | | | | | |
| Médicament | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| * Date de l’autorisation de mise sur le marché (AMM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | jj/mm/aaa | | | | | | | | | | | |
| Dispositif Médical (DM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| * Date du marquage CE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | jj/mm/aaaa | | | | | | | | | | | |
| Actes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| * Si acte RIHN, précisez le code et le libellé (max. 100 caractères) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Organisation du système de soins (incluant les services de santé)[[2]](#footnote-3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| * Préciser (si applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Niveau de maturité de la technologie de santé[[3]](#footnote-4)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *1 chiffre + 1 lettre* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| La recherche sur les produits de santé (médicaments et DM non marqués CE) et les actes n’entrent pas dans le champ de l’APRESO et en sont donc exclus, à l’exception de celle incluant un ou des outil(s) numérique(s) innovant(s). Il devra s’agir de DM ou autres ayant atteint un stade de maturité, de fonctionnement et de sécurité avérés et disposant d’un marquage CE. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Plan expérimental (cochez)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Méta-analyse | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Etude contrôlée randomisée | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Si Etude contrôlée randomisée : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Si oui, Ouvert | | |  | | | Simple aveugle | | | | | | | | | | |  | Double aveugle | | | | | | | | |  | |  | | | | | | | | | | | |
| Revue systématique | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Etude pragmatique | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Etude quasi-expérimentale (cohortes non-randomisées…) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Etude de cohorte prospective | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Etude cas-contrôle | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Etude transversale | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Etude de cohorte rétrospective | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Recherche dans les bases de données médico-administratives | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Modélisation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Série de cas | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Etude qualitative | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Autre (précisez) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Si analyse médico-économique : précisez (1 choix possible)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Analyse coût-utilité, Analyse coût-efficacité, Analyse coût-bénéfices, Analyse d’impact budgétaire, Analyse de minimisation de coûts, Analyse coût-conséquence, Etude de cohorte rétrospective, Analyse coût de la maladie, Autre (précisez) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Description de l’analyse médico-économique [max. 2240 caractères] : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **II. PROJET DE RECHERCHE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Rationnel (contexte et hypothèses) : [max. 2240 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Originalité et Caractère Innovant : [max. 1120 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Objectif Principal : [max 340 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Objectifs secondaires : [max. 1120 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Critère d'évaluation principal (en lien avec l’objectif principal) [max. 340 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Critères d'évaluation secondaires (en lien avec les objectifs secondaires) [max. 1120 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Bénéfices attendus sur la prise en charge des patients et/ou la santé publique : [max. 2240 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Population d’étude (principaux critères d’inclusion et de non inclusion) :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ages concernés de la population cible :(Tous les âges ; Adulte ; Adulte et gériatrie ; Pédiatrie, Pédiatrie et adulte ; Gériatrie) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Critères d’inclusion : [max 560 caractères] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Critères de non inclusion : [max 560 caractères] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Déroulement de la recherche : [max. 2240 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Méthode ou Plan expérimental : [max. 5000 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Si groupe comparateur :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Groupe expérimental : [précisez max. 340 caractères] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Groupe contrôle : [précisez max. 340 caractères] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Durée de la participation de chaque patient :** | | | | | | | | | | | | | | | | | | | | | | | | | mois | | | | | | | | | | | | | | | |
| **Durée prévisionnelle de recrutement (DUR) :** | | | | | | | | | | | | | | | | | | | | | | | | | mois | | | | | | | | | | | | | | | |
| **Durée totale de la recherche :** | | | | | | | | | | | | | | | | | | | | | | | | | mois | | | | | | | | | | | | | | | |
| La durée maximale des projets soumis dans le volet CONVERGENCE est de 36 mois. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre de patients à recruter / observations prévues (NP) :** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Justification de la taille de l’échantillon [max 2000 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre de patients à recruter/observations prévues / mois / centre ((NP/DUR)/NC)**  *valeur calculée à partir des informations recueillies auprès des centres (2 chiffres)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Justifiez si plus de 2 patients/mois/centre [max. 2000 caractères] : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CENTRES D’INCLUSION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nombre de centres d’inclusion (NC) :** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Investigateurs & nombre attendu de patients éligibles par établissement / structure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom Prénom | | | | Etablissement de santé/ Structure[[4]](#footnote-5) | | | | | | | | | Ville | | | | | | Spécialité | | | | | Mail | | | | | | Recrutement attendu/mois | | | | | Total | | | | | |
| **Île-de-France (regrouper par établissement / structure)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **En dehors de l’Île-de-France (**Une image contenant texte, clipart  Description générée automatiquement **les projets multicentriques devront comporter au minimum 50% des centres d’inclusion dans la région Île-de-France)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Les projets déposés devront associer au moins deux établissements de santé ou structures distincts d’Île-de-France dont au moins un établissement ou structure non universitaire (ex. maison ou centre de santé non universitaire). Toute autre configuration sera à argumenter (Ex. collaboration nouvelle entre établissements au sein d’un GHT, collaboration entre un établissement de santé universitaire et un collège / lycée, etc.).  Les projets multicentriques devront comporter au minimum 50% des centres d’inclusion dans la région Île-de-France. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Justification du choix des centres d’inclusion si nécessaire [max. 230 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Participation d’un réseau de recherche (unité mixte de recherche, unité de recherche...) : [max. 230 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Participation de partenaires industriels ou autres : [max. 450 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Autres éléments garantissant la faisabilité du projet : [max 450 caractères]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Ce projet a-t-il déjà reçu une autorisation de l’ANSM, l’avis d’un CPP ou de la CNIL ?** | | | | | | | | | | | | | | | | | | | | | | | | | | **Oui** | | | | | | | | **Non** | | | | | | |
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| **Les inclusions ont-elles démarré ?** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |
| * Si oui, nombre d’inclusions au 30/03/2025 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **L’investigateur coordonnateur a-t-il déjà obtenu un(des) financement(s) dans le cadre d’AAP ?** | | | | | | | | | | | | | | | | | | | | | | | | | | **Oui** | | | | | | | | **Non** | | | | | | |
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| * Si oui, précisez, **tous les financements** obtenus par l’investigateur coordonnateur pour d’autres recherches dans le cadre d’AAP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Année | AAP en toutes lettres | | | | | | | | | | | Etat d’avancement : *(choisir : 1. en instruction, 2. mis en œuvre et en cours, 3. dont l’analyse des données est en cours, 4. dont la publication princeps est publiée en indiquant obligatoirement le PMID (Pub Med Identifier) et la date de publication* ***(FOURNIR LA PUBLICATION).*** *5. étude terminée non publiée : préciser la date de fin de la recherche, le taux d’inclusion ainsi que les motifs de l’absence de publication, 6. Recherche abandonnée : préciser le motif)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **BIBLIOGRAPHIE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Merci de citer 5 articles maximum, référents du domaine, justifiant l’intérêt du projet au niveau national / international : PMID, année, revue, titre, auteurs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 1 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 2 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 3 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 4 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 5 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Merci de citer les 5 principales publications récentes (datant de moins de 5 ans) de l’investigateur coordonnateur :**  **PMID, année, revue, titre, auteurs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 6 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 7 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 8 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 9 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Référence 10 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FINANCEMENT TOTAL NECESSAIRE AU PROJET : (en €)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Dont le financement demandé dans le cadre de l’APRESO et le(s) co-financement(s) prévu(s)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **€** | | | | | | | |
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| **FINANCEMENT DEMANDÉ dans le cadre de l’APRESO : (en €)**  **Dans le volet CONVERGENCE le budget maximal alloué / projet est de 100 k€.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Détail : | | | | | | | | | | | | | | | | | | | | | | | | | Montant : | | | | | | | |
| Personnels | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | | | | |
| Coûts pharmaceutiques, DM, etc. | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | | | | |
| Biologie, imagerie,… | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | | | | |
| Déplacements | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | | | | |
| Autres | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | | | | |
| Frais de gestion (10% du budget « Personnels ») | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Montant total demandé dans le cadre de l’APRESO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **€** | | | | | | | |
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| **COFINANCEMENTS :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ce projet a-t-il été précédemment financé par un AAP institutionnel ?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Oui** | | | | **Non** | | | |
|  | | | |  | | | |
| * Si oui, précisez l’AAP, année et montant du financement antérieur | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom de l’AAP | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Année | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Montant du financement obtenu (€) | | | | | | | | | | | | | | | | € | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ce projet bénéficie-t-il de cofinancements nécessaires à la mise en œuvre de la recherche ?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Oui** | | | | **Non** | | | |
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| * Si oui, préciser : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom du cofinanceur**  (AAP, industriel, laboratoire pharmaceutique, société savante, start-up…) | | | | | | | | | | Préciser :  \*demande en cours,  \*cofinancement obtenu (fournir l’engagement daté et signé au stade dossier complet) | | | | | | | | | | | | | **Détail de l’utilisation des cofinancements** | | | | | | | | | | **Montant** (en €) | | | | | | | |
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| **Montant total du (des) cofinancement(s) prévu(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **€** | | | | | | | |
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| **Commentaires éventuels concernant le financement du projet [max. 450 caractères] :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **III. REPONSES ARGUMENTEES AUX EVALUATIONS DE LA PRECEDENTE SOUMISSION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| En cas de re-soumission, citer les commentaires des évaluateurs de la précédente soumission et indiquer obligatoirement les réponses correspondantes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IV. EXPERT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Experts (hors Île-de-France), non impliqués dans la réalisation du projet et n’ayant pas de publication conjointe avec l’équipe du demandeur depuis 5 ans, proposés pour l’évaluation de ce projet** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom Prénom | | | | | Titre | | | | | | | | | Etablissement / Structure | | | | | | | | Domaine d’expertise | | | | | | | | | Courriel | | | | | | | | | |
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| **Si vous souhaitez récuser un ou des experts, complétez ci-après** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom Prénom | | | | | | | | | Titre | | | | | | | | | | | Etablissement / Structure | | | | | | | | Motif | | | | | | | | | | | | |
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| **V. EVALUATEUR de la CES – Déclaration des conflits d’intérêt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A compléter obligatoirement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Votre projet sera évalué par 2 rapporteurs de la Commission d’Expertise Scientifique (CES) du GIRCI IDF.  La liste des membres de la CES est disponible sur le site Web du GIRCI IDF : <https://girci-idf.fr/composition/#CES>  Préciser obligatoirement tous les conflits d’intérêt (positifs ou négatifs) de l’investigateur-coordonnateur et du responsable de structure interne du porteur (chef de service, coordonnateur général de soins…) avec un (ou plusieurs) membre(s) du jury et de la CES du GIRCI IDF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom, prénom du membre | | | | | | | Positifs (lien familial, même service, même pôle, associé(e) à des travaux/projets antérieurs/publications datant de moins de 5 ans, impliqué(e) dans cette recherche, associé(e) dans la vie hospitalière, autre à préciser) | | | | | | | | | | | | | | Négatifs (concurrence...) | | | | | | | | | | | | | | | | | | | |
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| Fait à …………..  Le JJ/MM/AAA | | | | | | | Porteur du projet | | | | | | | | | | | | | | Responsable de l’URC/la DRCI / Structure de recherche et méthodologiste si extérieur à l’URC / la DRCI / Structure de recherche | | | | | | | | | | | | | | | | | | | |
| Nom Prénom | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |

1. Intervention pouvant servir à la promotion de la santé, à la prévention, au diagnostic ou au traitement d’une maladie aiguë ou chronique, ou encore à des fins de réadaptation. Les technologies de la santé comprennent les produits pharmaceutiques, les dispositifs, les interventions et les systèmes organisationnels utilisés dans les soins de santé. cf. <http://www.inahta.org/> [↑](#footnote-ref-2)
2. <http://htaglossary.net> [↑](#footnote-ref-3)
3. <https://www.medicalcountermeasures.gov/trl/integrated-trls/> [↑](#footnote-ref-4)
4. Le cas échéant (dans le cas des établissements comportant plusieurs Groupes Hospitaliers (GH), le nom des GH doit être obligatoirement renseigné) [↑](#footnote-ref-5)