***Associazione Giovanna Tosi per la lotta contro i tumori***

***Young Researchers Mobility Programme***

***Mobility Report Template***

*PART A – ADMINISTRATIVE DATA*

**A1. RESEARCHER**

**Name, Surname:**

**Date of Birth:**

**Nationality:**

**Address:** *(street, postal code, city)*

**Phone number:**

**Email:**

**Researcher status:**

🞏 PhD student

Planned graduation date:

🞏 Postdoctoral fellow (🞏 PhD or 🞏 MD)

 Graduation date:

PhD/MD school:

Title of PhD or MD thesis:

Title of current research project:

**A2. HOME INSTITUTE**

**Institute Name:**

**Department/Research Unit:**

**Address:** *(street, postal code, city)*

**Supervisor name:**

**Supervisor e-mail:**

**Supervisor phone number:**

**A3. HOSTING INSTITUTE**

**Institute Name:**

**Department/Research Unit:**

**Address:** *(street, postal code, city)*

**Supervisor’s name:**

**Supervisor’s e-mail:**

**Supervisor’s phone number:**

**A4. MOBILITY PERIOD**

**Starting date:**

**Ending date:**

**Duration:** *(number of days-including travelling days)*

*PART B – REPORT ON VISIT*

**B1. PUBLISHABLE SUMMARY**

*Summarise the activities performed and results obtained during the visit. Use language comprehensible to the non-scientists and avoid acronyms. Maximum 5.,000 characters, including spaces.*

**B2. TECHNICAL REPORT**

**B2.1 PROJECT TITLE and ACRONYM**

**B2.2 PRIORITY AREAS**

*Tick the same priority areas indicated as in the proposal*

🞏 Human oncogenic viruses

🞏 Microbiome and cancer

🞏 Molecula targets of the immune response against tumors

🞏 -OMICS approaches

🞏 pre-clinical research

The implementation of the project should be justified by the candidate’s needs to:

*Tick as appropriate*

🞏 development of an experimental part of a research project

🞏 use of facilities/instruments not available at the sending organisation

🞏 acquisition of a new technique/skills development

🞏 development of clinical research activities as part of a research project

🞏 development of a translational research activity as part of a research project

**B2.3 ACTIVITIES IMPLEMENTED.** *Describe the activities implemented during the visit. Indicate any interdisciplinary activities. Describe any problems or difficulties that might have delayed or modified the activities planned in the proposal. Maximum 10,000 characters, including spaces.*

**B2.4 RESULTS.** *Describe the results obtained during the visit. Maximum 10,000 characters, including spaces.*

**B2.5 DELIVERABLES.** *List the Deliverable planned in the proposal. Describe the Deliverable reached and justify any Deliverable not reached during the visit. Maximum 5,000 characters, including spaces.*

**B2.6 IMPACT.** *Describe the added value of the visit for the researcher, hosting partner and home institute. Maximum 5,000 characters, including spaces.*

**B3. FINANCIAL REPORT**

**B3.1** Travel costs: \_\_\_\_\_\_\_\_\_\_\_\_ (please provide any relevant receipts)

**B3.2** Living costs: \_\_\_\_\_\_\_\_\_\_\_\_ (please provide any relevant receipts)

**Flat Costs granted: 3.500 euro**

**Date of submission** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The completed report should be submitted within fifteen calendar days after the end of the visit by email to: associazionegiovannatosi@gmail.com*