

# 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 ([ideal@debiopharm.com](mailto:ideal@debiopharm.com))

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)