



IDENTIFICATION FORM FOR PARTNER SEARCH WITHIN THE THIRD HEALTH PROGRAMME

GENERAL INFORMATION

Name of organization

Legal entity

Description of the activities
that organization conducts
/ max. 1000 characters/

**Identification of the Call for
proposal for projects
/please, delete those that
are not relevant/**

PJ-01-2014 Innovation to prevent and manage chronic diseases
PJ-02-2014 Early diagnosis and screening of chronic diseases
PJ-03-2014 Professional reintegration of people with chronic disease
PJ-04-2014 Adherence, frailty, integrated care and multi-chronic conditions
PJ-05-2014 Statistical data for medicinal product pricing
PJ-06-2014 Health monitoring and reporting system
PJ-07-2014 Healthcare associated infection in long-term care

Previous experience in the
field of expertise related to
the thematic priority of the
chosen call for proposal for
projects

CONTACT INFORMATION

Name of contact person:

Address of the organization:

Telephone no.

e-mail:

