FINAL
PROJECT REPORT

– Template –

Please send this report ELECTRONICALLY to the Central Management Unit (CMU) as well as a copy to the National Contact Persons (NCPs) of the coordinator and project partners

The coordinator of the project must submit this report within 60 calendar days after the final date of the project, on behalf of the consortium.

If you have any additional question,
please contact the AAL CMU at CMU@aal-europe.eu,
or your NCP (see details on www.aal-europe.eu/aal-ncp)

Report date	30/10/2023

PUBLISHABLE PROJECT INFORMATION (TO BE USED BY AALJP)

1A. PROJECT	
Project full title	Patient centric solution for smart and sustainable healthcare
Project acronym	ACESO
Project No.	AAL-2019-6-137 *(see list on www.aal-europe.eu)*
Project Website	http://www.citst.ro/projects/aceso/
Project duration	• Starting date: 01/05/2020 • Termination date: 31/08/2023
Coordinator's name and details	Full name: Centrul IT pentru Stiinta si Tehnologie, Oana Cramariuc E-mail address: oana.cramariuc@citst.ro Telephone number: **+40 722592570** **** Both** e-mail address **and** tel. number must be provided.*

1B. PROJECT PARTNERS						
NO.	**PARTNER ORGANISATION NAME**	**PARTNER ORG. ACRONYM**	**TYPE***	**PROJECT COSTS: PUBLIC GRANT IN EURO**	**PROJECT COSTS: PARTNER OWN CONTRIBUTION IN EURO**	**TOTAL PERSON-MONTH SPENT**
1 (coord.)	Centrul IT pentru Stiinta si Tehnologie	CITST	SME	299.376,00	75.905,00	47.00
2	SAPHYRION SAGL	SPH	SME	303.541,60	303.541,60	53.40
3	LS DINTIIMEI SRL	LSDM	End-user	159.888,00	41.040,00	25.00
4	Docmatic sp. z o.o	DCMTC	SME	153.169,55	38.292,39	23.00
5	MKS Electronic Systems Ltd	MKS	End-user	192.242,46	55.265,05	39
6	Jagiellonian University Medical College	JUMC	End-user	175.603,21	0	50
7	ECLEXYS Sagl	EXYS	SME	301.496,60	301.496,60	59.00

8	Inspiring Culture (Custwell) Ltd	CSW	SME	211.142,12	45.545,37	102,90
*Please select one of these options: SMEs, Large, END USER, RTD, other						

1C. PUBLISHABLE PROJECT RESULTS SUMMARY *(1 PAGE)*

In this section, please present the results of your project, including the following information:

- *what is your product/service (result of the AAL JP project work) –*
- *what needs/problems does your product/service respond to -*
- *what are the target groups of users and payers -*
- *what is the technological innovation of your product/service (in terms of novelty of concept, approach to the development etc.) -*
- *what is the social innovation of your product/service (benefits to society and economic impact)*
- *which type of end-users have been involved in the project (how many and in which way)*
- *what is the expected time to market (TTM), and what are the main possible barriers*

The Aceso Platform is a telehealth measurement platform integrating health, activity and oral hygiene devices. It is including an e-toothbrush and an automated recording unit of salivary stimulation with the SaliPen, both developed within the project. The ACESO solution is addressing the lack of solutions designed specifically for the elderly adults which include both physical health and oral hygiene modules. However, the identified target groups are broader and include besides elderly adults, their family members and professional caregivers, also healthcare institutions and Real World Evidence (RWE) firms.

The Aceso Platform runs on an elderly adult friendly tablet, includes and integrates oral hygiene routine measurements besides health and activity parameters, which enable to collect Real World Data for informed decisions about healthcare on an individual basis and on a larger population. It can contribute to Real World Evidences (RWE) for therapeutic choices. By measuring oral hygiene too, as a gateway to overall health, the Aceso Platform can contribute to a better overall health.

Primary and secondary end-users have been involved in three countries (Romania - RO, Poland - PL, and Slovenia - SLO) in a first round of pilot studies. A total of 60 primary and 30 secondary users from have tested the individual components of the ACESO platform. The users' feedback was collected using structured and semi-structured questionnaires and has evidenced the following aspects. The second round of pilots (with the integrated platform) have involved 38 primary users and 22 secondary users from the three pilot countries. In all pilots, the age of the primary users was between 65 and 85 years. The secondary users were dental practitioners, medical doctors, dental hygienists, nurses, residents and geriatricians. The overall feedback was positive and acceptance were positive as well as the impact on the pilot participants.

We developed three options for the commercial exploitation of the ACESO solution. (A) Target the Real World Data (RWD) collection market for a specific clients with one year time to market. (B) Offering the entire platform as an integrated telehealth measurement solution with an estimated time to market of 3 years. (C) Selling the oral hygiene module to integrated telehealth measurement platforms for which we estimate 6-12 months to reach the market. Main barriers are competitive innovations on the market, lack of focus and financial incentives by medical professionals and institutions.

CONFIDENTIAL PART OF THE REPORT

2. DELIVERABLES SUBMITTED AND MILESTONES ACHIEVED DURING THE PROJECT

In this section, please provide details in case your project deviated from the Description of Work *(work plan) with respect to delivery dates, achievement of milestones, or changes in planned outputs; please indicate whether and to whom (AAL NFA/NCP) the changes have been communicated.*

Has the project been finalized in line with the Description of Work?	YES ☒	NO ☐	PARTLY ☐
IN CASE OF DEVIATION*, PLEASE EXPLAIN:*			
Has the project achieved its expected results as described in the Description of Work?	YES ☒	NO ☐	PARTLY ☐
IN CASE OF DEVIATION*, PLEASE EXPLAIN:*			

3 A. PROJECT RESULTS - SCIENTIFIC/TECHNICAL PROJECT RESULTS

Provide a summary of the confidential results, including:

- The progress per work-package
- The performance of the project consortium (added value of cooperation, added value and performance of each partner etc.)
- Scientific/technical achievements during the course of the project
- End-user services developed during the course of the project
- Other confidential information

ACESO platform integrates the sensors that monitors health, oral-health and wellbeing parameters. For health and wellbeing parameters we have integrated commercial sensors by developing an Android application through which the values from the sensors are automatically transmitted to a tablet and then to the database hosted on the ACESO server. The parameters related to the monitoring of oral health: brushing quality, duration and frequency of brushing, are acquired using an intelligent toothbrush developed by CITST. Information regarding usage of devices for salivary stimulation are automatically retrieved by CITST by transforming a manual salivary device into an intelligent one. All relevant data for a user are aggregated using artificial intelligence algorithms and presented to the caregiver to help monitor and diagnose early possible problems, especially related to older adults. History of the collected data is also presented to the users so that they are informed and mobilized in terms of maintaining a good state of health.

WP1 is designed for the end-user involvement. **Task 1.1** has recruited a total of 110 primary (30 in Romania, 30 in Slovenia and 50 in Poland) and 39 secondary (14 in Romania, 10 in Slovenia and 15 in Poland). It has also defined the inclusion-exclusion criteria and the end-user classification methods.

Task 1.2 has implemented the pilot studies with the ACESO individual platform components in three countries (Romania - RO, Poland - PL, and Slovenia - SLO). A total of 60 primary and 30 secondary users from Romania, Poland and Slovenia have been tested the individual components of the ACESO platform. The users' feedback was collected using structured and semi-structured questionnaires and has evidenced the following aspects. **Task 1.3** has implemented the pilot studies with the integrated platform. There were 38 primary users and 22 secondary users involved. The ages of the primary users were between 65 and 85 years old, the average age being 75 years old. The gender distribution was balanced, with 49% women and 51% men. The secondary users were dental practitioners, medical doctors, dental hygienists, nurses, residents and geriatricians. The majority of them were in the dental field. **Task 1.4** has regularly gathered the feedback of the ethical advisory board as to the compliance with the ethical and regulatory issues.

WP2 is designed for designing the architecture of the ACESO platform, implementation and optimisation of its components and proposing an optimal design for transdermal salivary stimulations. **Task 2.1** describes the architecture of the ACESO platform - a modular and expandable one. The capabilities, performance and integration options of existing devices for oral self-care, health care and physical condition are analysed in order to select those which have the potential to be easily integrated into the ACESO platform (allow data collection by third parties) and are more suitable for our target users. **Task 2.2** presents how data is collected using software gateways that collect data from health, oral health and wellbeing devices and EXYS gateway for activity monitoring and calendar information. Caregiver and user interfaces are presented. **Task 2.3** provides different methods for the analysis of the collected data. Methods that were analysed considering data across the whole users versus data per user, including regression plots, temperature correlation, and regression tests. Also, confidence intervals were applied that enhanced the result interpretation. **Task 2.4** describes the in-house toothbrush developed for acquiring parameters based on which duration of brushing and brushing pattern are obtained. Using a microcontroller board that has an accelerometer, gyroscope, magnetometer and BLE for data transmission we developed a toothbrush that can be used with heads from electric toothbrushes. For extracting brushing patterns, several deep learning architectures were tested. **Task 2.5** presents transformation of the SaliPen device - a salivary stimulation device - to an intelligent one. We designed a cup, in which we integrated a microcontroller board with other electronic circuits that help us to automatically compute when the device is used and also the usage duration. **Task 2.6** investigates different salivary devices and proposes a design for transdermal salivary stimulations along with an extension of the smart ACESO toothbrush which allows smart monitoring of chemical stimulation with citric acid.

WP3 has implemented the dissemination and exploitation of the ACESO project. The project was disseminated to the scientific community but also through direct stakeholder involvement via presentations, demonstrations and 33 blog posts published on the websites https://www.aal-aceso.eu/blog and on LinkedIn https://www.aal-aceso.eu/blog. The project has reached a vast audience including: school pupils and teachers, students in the medical field (including dentists), young dentists, researchers and professionals in connected fields (telecom, insurance, banking, health, etc), industrial stakeholders, elderly people and informal caregivers, the public at large. We estimate to have reached and audience of approximately 10.000. The business plan has been developed in its intermediate and final version. The latter also includes the exploitation planning which was presented separately at midterm. A letter of intent for the future collaboration of the partners has been also prepared.

WP4 has been implementing management actions, including annual reporting and final reporting. Communication strategies and KPIs assessment are also part of the implementations of this WP. All KPIs of the project have been met and are presented in their corresponding deliverables.

3 B. PROJECT RESULTS – BUSINESS MODELS & INDICATORS

*Please insert a short summary of the **business model** selected for your product/service (max. ½ page). If not explained in the publishable summary section, please describe:*

- *What **product/service** will you offer?*

The ACESO Platform is a comprehensive patient-centric solution for smart and sustainable healthcare, consisting of a cloud-based and mobile application with Bluetooth connectivity to 3rd party health and activity sensors, a toothbrush developed by the ACESO project, and a salivary stimulation device which has been turned into a smart device for data collection during the project. The collected data and the results from data integration are accessible to eligible users, elderly individuals, their caregivers, and institutions through a web application to make informed decisions about health either on an individual level or for a specific population.

*What main problem(s) does it solve or what **benefits** does it provide to the customer?*

Oral hygiene is a gateway to overall health. Measuring routines connected to oral hygiene enables to connection between health and activity parameters, and professional caregivers can suggest proper intervention changes for the better health of the users.

1) Effective Oral Hygiene Monitoring**:** The system addresses the problem of ineffective toothbrushing. It ensures that all areas of the mouth are washed correctly by providing real-time feedback on brushing techniques.
2) Salivary Gland Stimulation**:** The SALIPEN device stimulates salivary glands, helping to prevent dry mouth and its associated problems.
3) Physiological and activity parameters: The system relevant body health data via third party sensors.

*What is the **added value** of your product/service versus that of competitors and/or compared to existing solutions on the market?*

A comprehensive Solution: This system combines body health, oral hygiene monitoring and salivary gland stimulation in one package, offering a holistic solution for elderly individuals. Few, if any, existing solutions in the market provide both these features together.

*What is your **unique selling proposition**?*

Professional Partnerships**:** ACESO A) enables the collection of Real World Data (RWD) for integrated oral hygiene, health, and activity measurements for organizations aiming to collect Real World Evidences (RWE) for further analysis, B) it establishes partnerships with dental professionals and

healthcare providers, ensuring clients receive ongoing support and guidance in using the holistic telehealth measurement platform effectively for their better overall health. C) A low-cost, elderly-friendly smart toothbrush with the belonging AI module to analyze the brushing patterns of elderly users.

Proven Efficacy: ACESO can leverage data and studies from the EU project to demonstrate the product's effectiveness and benefits.

How will the product be sold?

B2C Market Segment:
Direct-to-Consumer (DTC) Sales: ACESO can establish an online platform to sell the product directly to individual consumers and their caregivers.
Pharmacies and Drug Stores: ACESO can partner with local pharmacies and drug stores.
Dental Clinics: Dentists and dental professionals can recommend ACESO directly to their elderly patients.

B2B Market Segment:
Healthcare Providers and Facilities: ACESO can collaborate with healthcare providers, such as hospitals, senior care facilities, and geriatric clinics.
Dental Professionals: Dental professionals, including dentists and dental hygienists, can offer ACESO as part of their dental services.
Insurance Companies: Insurance providers specializing in senior healthcare coverage may offer ACESO as an incentive to policyholders or as part of their wellness programs.
Pharmaceutical Companies: ACESO can partner with pharmaceutical companies, especially those producing oral health and geriatric care products.

Real World Evidence (RWE) organizations: ACESO can be sold for organizations aiming to collect Real World Data from elderly people (e.g., Research, pharmaceutical, insurance companies, etc.) for larger-scale RWE on specific therapies or for prevention.

*Who will **provide** products/s?*

Production will be taken care of by the industrial implementation partners in the ACESO consortium, in four successive steps aiming to have organic growth, tested on the market. These steps are:

1. Multilateral agreement between consortium members for specific test marketing, and small-scale production activities
2. Establishing a Business Cluster with dedicated resources and management for medium-scale marketing and production requires a higher level of dedication from the partners
3. Establish a joint venture for larger scale marketing and production
4. Attract capital for a spin-off venture for large-scale activities

Please answer the questions below, if possible:

What is the **targeted range of manufacturing/service costs** per product/service unit (€, € per month etc.)?	300 EUR/sensors set + 20 EUR/month service
What is the **estimated size of the targeted market** in Europe for your product/service (in €)?	8,200,000 EUR in 2026
In your business model, **who will pay** for the product/service (you can tick more than one box): ☒ End user (older person) ☒ Informal carers ☒ Formal care providers ☐ Public subsidies ☒ Insurance ☐Other (add if necessary) ☐ not yet decided	
In your business model, **who will take the decision about the purchase** of the product/service (you can tick more than one box): ☒ End user (older person) ☒ Informal carers/family ☒Formal care providers ☐ Public subsidies X Insurance ☐Other (add if necessary) ☐ not yet decided	
At what **stage of development** are you with your product/service (e.g., research, pilot, real-life trial, etc.)?	real-life trial, TRL 7 – system prototype demonstration in an operational environment
When will your product/service be **ready for market**?	2024/2026 depending on the strategic option finally chosen by the consortium
What type of **further research/development** is necessary to finalize the product (technical, adoption, market research, etc.)?	1) interface development for specific sensor sets required by the potential clients and future 3rd party product integration,2) tailored UX development for specific needs 3) Certifications
What **further investments** are necessary to launch the product on the market?	A. 150 th EUR B. 700 th EUR C. 250 th EUR (see strategic options in the business plan)

Please insert here any other information related to the business model, such as:

- *what is the targeted market niche?*

Integrated (oral hygiene, health, and activity) telehealth measurement solutions

- *do you need certification for your product/service before gaining access to the market?*

Yes, for the ACESO toothbrush

- *what type of certification and from whom?*

CE, WEEE, EPR, and eventually Medical Device certifications from respective national and EU bodies

- *do you need to perform reliability testing?*

Yes

- *Any other information*

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3 C. PROJECT RESULTS – END USER INDICATORS

In the section below, please provide the information you have gathered during your project on primary, secondary and tertiary end-users[1] of your product/service. Note that secondary end-users can be formal and informal carers (see footnote). For the indicators cited below, please provide information if available; any other qualitative or quantitative information on beneficiaries can be provided instead.

Please provide your information on end-users here. This may include:

- *Type of end-user (primary, formal and informal secondary, tertiary end-users)*
- *Total number of end-users involved (by type of end-user, gender etc.)*
- *Average age and age distribution of involved end-users*
- *Location of end-user (rural, town, large city etc.)*
- *Situation of end users (single household/family setting/etc., independence)*
- *Health status (disabilities, mobility, cognitive function etc.)*
- *Socio-economic background (education, income class etc.)*
- *Any other information*

The pre-pilots (pilot studies with individual components) were conducted in three countries (Romania - RO, Poland - PL, and Slovenia - SLO) coordinated by the ACESO end-user organizations LSDM (RO), JUMC (PL) and MKS (SLO). Sixty primary users (elderly 60+) and 30 secondary users (dental practitioners, nurses, dental assistants, dental hygienists, general practitioners etc.) were enrolled in the pilots. All of them complied with the inclusion and exclusion criteria. For each country, there were 20 primary users and 10 secondary users. The primary users were between 60 and 86 years old, the average age being 72 years old. The gender distribution was balanced, with 48% women and 52% men. Most of the primary users lived in the urban area and the majority of them were married. Most of the

1 *Definition of end-users in AAL Joint Programme:*

- *Primary end-user is the person who is actually using an AAL product or service, a single individual, "the well-being person". This group directly benefits from AAL by increased quality of life.*
- *Secondary end-users are persons or organisations directly being in contact with a primary end-user, such as formal and informal care persons, family members, friends, neighbours, care organisations and their representatives. This group benefits from AAL directly when using AAL products and services (at a primary end-user's home or remote) and indirectly when the care needs of primary end-users are reduced.*
- *Tertiary end-users are such institutions and private or public organisations that are not directly in contact with AAL products and services, but who somehow contribute in organizing, paying or enabling them. This group includes the public sector service organizers, social security systems, insurance companies. Common to these is that their benefit from AAL comes from increased efficiency and effectiveness which result in saving expenses or by not having to increase expenses in the mid and long term.*

primary end-users suffered from old-age specific conditions, such as hypertension or diabetes. The participants had relatively good oral health, with moderately accumulated plaque and teeth loss compensated by bridges or partial prosthetics. The secondary users were all living in the urban area, where they had their practice (Bucharest, Krakow or Ljubljana). They were dental practitioners, dental hygienists, general practitioners and geriatricians. Their age varied greatly and their gender balance was good. All of the secondary users had at least a Bachelor's Degree.

The second round of pilots (pilot studies with integrated platform) has followed the same inclusion and exclusion criteria as the first, along with a protocol developed by the dental and medical personnel involved in the project. There were 38 primary users and 22 secondary users involved. In Romania there were 8 primary users and 7 secondary users, in Poland there were 10 primary users and 5 secondary users and in Slovenia there were 20 primary users and 10 secondary users.
The ages of the primary users were between 65 and 85 years old, the average age being 75 years old. The gender distribution was balanced, with 49% women and 51% men. The secondary users were dental practitioners, medical doctors, dental hygienists, nurses, residents and geriatricians. The majority of them were in the dental field. All of the secondary users had at least a Bachelor's Degree and they lived in the urban area, in the city.

3 D. PROJECT RESULTS – OTHER INDICATORS	
Patents, which are the direct result of the project work	Based on our findings regarding the patents in the European and US databases, we concluded that we can apply for a patent for salivary stimulation based on TENS and heat. Our results reported in D2.6 have shown that saliva production is increasing at certain frequencies when the stimulation is occurring via electrodes placed on the skin at the level of the salivary glands.
Contribution to **standards**, which are the direct result from the project work	……
Publications (scientific or other), which are the direct result from the project work (please provide details)	● Gryglewska B, Perera I, Klimek E, Fedyk-Łukasik M, Piotrowicz K, Mocanu I, Muntianu L, Gąsowski J. Teledentistry and oral health in older adults - aspects for implementation of the "Patient centric solution for smart and sustainable healthcare (ACESO)" project. Folia Med Cracov. 2022;62(2):5-16. doi: 10.24425/fmc.2022.141697. PMID: 36256891. ● Rudzińska A., Kupis R., Piotrowicz K, Malicki Ł, Mocanu I, Cramariuc O, Perera I, Gryglewska B, Gąsowski J. Kierunki rozwoju telemedycyny w geriatrii. [Directions of the telemedicine in geriatrics] (in): Oczekiwania wobec nauk biomedycznych – trendy,

	wyzwania i perspektywy. Tygiel, 2023: 147-159; ISBN: 978-83-67104-73-9. ● Irina Mocanu, Razvan Smadu, Marius Dragoi, Andrei Mocanu, Oana Cramariuc: Testing Federated Learning on Health and Wellbeing Data, EHB 2021, 18-19 Noiembrie 2021, Iasi (ISI Proceedings). ● Ian Perera, Ligia Muntianu, Irina Mocanu, Ewa Klimek, Małgorzata Fedyk-Łukasik, Łukasz Malicki, Angelo Consoli, Barbara Gryglewska, Karolina Piotrowicz, Jerzy Gąsowski. The ‘‘Patient centric solution for smart and sustainable healthcare’’ (ACESO) project, rationale and protocol. Eur Geriatr Med (2021) 12 (Suppl 1): S1–S387. ● N. Samar Brencic, L.A. Stanca Muntianu, K. Piotrowicz, I. Mocanu, D. Rudel, I.G. Lupu, Oral Health Education for Elderly Through ICT Technology, in Proc. EduLearn 2021, Mallorca, Spain 2021. ● Ligia Muntianu, Platforma electronica dental e-care in proiectul European ACESO [The electronic e-care dental platform in the European ACESO project], Conferinta de paro-protetica a AMSPPR 2022, 3-5 March, online presentation. ● Ligia Muntianu, Inteligenta artificiala in ingrijirea sanatatii orale si generale [Artificial intelligence in oral and general health care], Conferinta de paro-protetica a AMSPPR 2022, 3-5 March, online presentation.
Other **dissemination activities**	33 blog posts published on the websites https://www.aal-aceso.eu/blog and on LinkedIn https://www.aal-aceso.eu/blog (100 followers)
Type and size of audience reached by dissemination activities	The project has reached a diverse audience including: school pupils and teachers, students in the medical field (including dentists), young dentists, researchers and professionals in connected fields (telecom, insurance, banking, health, etc), industrial stakeholders, elderly people and informal caregivers, the public at large. We estimate to have reached and audience of approximately 10.000.

4. FINANCIAL INFORMATION - OTHER COMMENTS

Please check appropriate box:

The financial part of the project ☐ is in line with (or) ☒ deviates from the partner's Grant Agreements & Work Packages plans (personal efforts, other costs, etc.)**?**

In case of deviation, please give a short explanation:

PMs deviate from the planned ones because of the project extension, work load other issues such as internalizing services which were planned for subcontracting. These are detailed in the annual reports.

Differences in contributions appear because of the changes in exchange rates. JUMC has spent 5647 Euro less because these were allocated to travel which was impacted by COVID in terms of meetings and conferences. Both were organized online or hybrid during and after COVID.

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Other comments related to financial part of the project:

CSW experienced very late (over one year) and unpredictable payments from the NCP, which caused a significant administrative and financial overhead burden on the project work.

5. AAL JP PROGRAMME

Please comment, using your AAL project experience, on the main advantages and disadvantages of AALJP projects.

CSW - as an SME, it prefers to work in a flexible, agile, predictable way on well-defined Objectives and Key Results, taking into account the reality of the developments in the markets quickly, in a way where the financial framework and practices are transparent. Ultimately, CSW believes that the nature of similar projects with significant administrative and financing overhead does not match its need for increasing its organization's competitiveness and fulfilling its purpose.

SPH, as a company willing to expand its product range in IoT electronics and to use its effective networks of representatives worldwide also to address other business area, has found very motivating the participation to ACESO and hopes to pursue successfully, in forms to be discussed, the promotion of the product to professional users and, if possible, also to the "intelligent toothbrush" market.

6. UPDATED PROJECT PARTNERS' CONTACT DETAILS[2]

NO.	PARTNER ORGANISATION NAME	CONTACT PERSON		EMAIL ADDRESS	TELEPHONE NUMBER
		NAME	LAST NAME		
1 (coord.)	Centrul IT pentru Stiinta si Tehnologie (CITST)	Oana	CRAMARIUC	oana.cramariuc@citst.ro	+40 722 592 570
2	SAPHYRION SAGL (SPH)	Steve	CRIVELLI	steve.crivelli@saphyrion.ch	+41 91 220 11 00
3	LS DINTIIMEI SRL (LSDM)	Ligia	MUNTIANU	ligia.muntianu@gmail.com	+40 736 476 484
4	Docmatic sp. z o.o (DCMTC)	Łukasz	MALICKI	lukasz@docmatic.ai	+48 600 611 200
5	MKS Electronic Systems Ltd (MKS)	Drago	RUDEL	drago.rudel@mks.si	+386 1 256 22 43
6	Jagiellonian University Medical College (JUMC)	Katarzyna	GUBERNAT	katarzyna.gubernat@uj.edu.pl	+48 123 704 341
7	ECLEXYS Sagl (EXYS)	Angelo	CONSOLI	angelo.consoli@eclexys.com	+41 91 600 00 00
8	Inspiring Culture (Custwell) Ltd (CSW)	Janos	CSEBFALVI	jcsebfalvi@inspiringculture.org	+36 20 972 7976

[2] Please insert here, for every partner organization participating in your consortium, the updated email address and telephone number of the main contact person. These persons might be contacted after the closure of the project for statistical enquiries related to impact assessment.