SHORT TERM SCIENTIFIC MISSION (STSM) SCIENTIFIC REPORT

This report is submitted for approval by the STSM applicant to the STSM coordinator.

Action number: CA16107

STSM title:

STSM start and end date: DD/MM/YYYY to DD/MM/YYYY

Grantee name:

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| **PURPOSE OF THE STSM** |
| (max. 200 words)  Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. Applicant enters 200 word summary here. |

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| **DESCRIPTION OF WORK CARRIED OUT DURING THE STSM** |
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| **DESCRIPTION OF THE MAIN RESULTS OBTAINED** |
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| **FUTURE COLLABORATIONS (if applicable)** |
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