**QMUL-Emulate Organ-on-Chip Centre – Access Request Form**

**Nature of Access Request** (delete as appropriate):
- Training for new users

- Use of Centre Facilities by experienced user of Emulate platform,

- Pay for service - work performed by Centre staff

**Reason for request**
(If this is to generate preliminary data for a grant application please give brief details):

**If visiting the Centre, please indicate level of proficiency** (delete as appropriate):

**Cell culture experience**: None, Minimal, Some experience, Extensive experience

**Use of Emulate system:** New user, Intermediate user, Experience user

**Principal Investigator / Primary Contact –** we can only accommodate a maximum of 2 people visiting the Centre under this access agreement. If you require further visitors contact the Centre Manager

Title: First name: Last Name:

Email:

Department:

Organisation/University:

**Visiting Researcher** (if different from above)

Title: First name: Last Name:

Email:

Department:

Organisation/University:

**Intended work in the Centre (**Brief Description):

**Type of Emulate Chip or Biokit**:

**Number of Chips to be used during visit**:

**Number of ZÖEs to be used**:

**Details of any additional facilities required**:

**Estimated Duration of the work**:

**Proposed Start date**:

**Summary** (To be completed by Centre Scientist)

**Estimated Duration of the work**:

**Proposed Start date**:

**Price:**

**Decision from Centre Operational Management Group**

**Date:**