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

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| **Principal Investigator** | | | | | | |
| Title: |  | First name: | |  | Surname: |  |
| Email: |  | | | | | |
| Division / Department: | | |  | | | |
| Organisation | | |  | | | |

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| **Co- Investigators (add additional boxes as needed)** | | | | | | |
| Title: |  | First name: | |  | Surname: |  |
| Email: |  | | | | | |
| Division / Department: | | |  | | | |
| Organisation | | |  | | | |

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| **Visiting Researcher (add additional boxes if needed)** | | | | | | |
| Title: |  | First name: | |  | Surname: |  |
| Email: |  | | | | | |
| Division / Department: | | |  | | | |
| Organisation | | |  | | | |

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| Please give initial estimates of the following to help us with planning. You are welcome to contact us to discuss this or visit the centre in advance  If your centre access is agreed, a planning meeting with centre staff will be arranged, to discuss and further clarify these details, enabling us to prepare for your visit. | | | | | |
| Proposed Start Date: |  | | Predicted duration: | |  |
| If you are interested in accessing additional facilities (eg confocal microscopy) please provide details |  | | | | |
| Chip type (eg blank or liver): |  | | | | |
| Anticipated chip numbers: |  | | | | |
| Are you interested in this project being a collaboration with Emulate? | | Yes | No |  | |

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| **Project Title** |
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| **Overview of the work you wish to complete at the centre (confidential)**  (Maximum 1000 characters with spaces) |
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