**QMUL-Emulate Organ-on-Chip Centre – Project Report**

This report will go to the QMUL-Emulate Organs-on-Chips Centre steering committee to review centre activity and will be maintained in confidentiality by the group

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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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| **Project Title** |
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| Start Date: |  |

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| Total duration of visit (weeks): |  |
| Duration using Emulate platform (days): |  |
| Chip type used |  |

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| **Overview of the activity carried out in the centre and key findings**  (Maximum 1000 characters with spaces) |
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| **Please give a brief summary of your experience with the Centre and Emulate kit, commenting on:**   * **Centre accessibility and support offered for your activity** * **The Emulate Platform technology & chips you utilised**   (Maximum 1000 characters with spaces) |
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