Organ on a Chip Network and Emulate   
FINAL Proof of Concept Award Application Form

In submitting this application, the project PI agrees to provide the Centre access fee of £600 covering the cost of administration and basic lab consumables; for details see [www.cpm.qmul.ac.uk/emulate/access/](https://www.cpm.qmul.ac.uk/emulate/access/)

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Co- Investigator** | | | | | | |
| Is this a new collaboration between the PI and this Co-I? | | | | | |  |
| Title: |  | First name: | |  | Surname: |  |
| Email: |  | | | | | |
| Division / Department: | | |  | | | |
| Organisation | | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Co- Investigator** (Additional Co-I if any) | | | | | | |
| Is this a new collaboration between the PI and this Co-I? | | | | | | YES / NO (delete as appropriate) |
| Title: |  | First name: | |  | Surname: |  |
| Email: |  | | | | | |
| Division / Department: | | |  | | | |
| Organisation | | |  | | | |

|  |
| --- |
| **1 Proof of Concept Award Project Title** (maximum 20 words) |
|  |

|  |
| --- |
| **2 Proof of Concept Project Aims** (maximum 100 words)**:** |
|  |

|  |
| --- |
| **3 Experimental Plan** (maximum 500 words)**:** |
|  |

|  |
| --- |
| **4 Lay Summary** (maximum 300 words)**:** |
|  |

|  |
| --- |
| **5 How do you intend to use this award to support further organ-on-a-chip research?** Please provide brief details of how this award will support further organ-on-a-chip research, include details of existing and new research proposals including estimated chip numbers, potential use of the centre and equipment purchase (maximum 300 words): |
|  |