**Biomaterials & Microfluidics Core Facility**

**ACCESS TO EMULATE™ ORGAN-ON-CHIP TECHNOLOGY**

**APPLICATION FORM**

3 pages (Police size 11) max., excluding tables & figures

Form sent the (date): DD/MM/YYYY

Completed application forms to be submitted at: ooc@pasteur.fr

|  |
| --- |
| **Project Title / Acronym (if applicable)** |
|  |

|  |
| --- |
| **Principal Investigator/Main Applicants** |
| Title: |  | First name: |  | Surname: |  |
| Emai: |  |
| Division / Department: |  |
| Institut Pasteur/IPIN |  |

|  |
| --- |
| **Co- Investigators/Co -Applicants (add additional boxes as needed)** |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Institut Pasteur/IPIN/Others |  |

1. **Project description** (3 pages maximum ; police size 11)
	1. Describe the research topic/background, objectives and hypothesis
	2. Outline work plan per work package (if more than one) in a table or scheme, including: time schedule, milestones and deliverables. Indicate the role and responsibilities of the applicants in the activities.
	3. Define the added value of the OOC technology to the project: could the research question(s) be answered with other methodology (yes, no, partially…) ?
	4. Indicate the potential to provide groundwork for future valorization and research funding

|  |  |
| --- | --- |
| Chip numbers required: |  |

1. **Publications:**

Recent publications related to the project (max 3 per team)

1. **Regulatory and Biosafety\***
	1. **Will the project involve experiments with human/patient material?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, project leader has to make sure all regulation processes are fill in to obtain agreement from regulatory authorities, at the start of the project. In that regard, IP-CRT is providing support at  crt-opendesk@pasteur.fr and/or you can contact directly crt@pasteur.fr

|  |  |
| --- | --- |
|  | **Answer** |
| 1. Use of healthy volunteers?
 | yes/no |
| 1. Use of patients?
 | yes/no |
| 1. Number of healthy volunteers
 |  |
| 1. Number of patients
 |  |
| 1. Is ethical approval from a commission needed regarding experimental subjects?
 | yes/no/NA |
| 1. If ‘e’ is answered with ‘yes’: Do you already have ethical approval from a commission to perform the study?
 | yes/no/requested/NA |

* 1. **Will the project involve any Highly Microbial Toxins (MOT)?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

* 1. **Will the project involve experiments with pathogens?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

* 1. **Which biosafety level you envision is needed to carry out the experiments?**

|  |  |
| --- | --- |
| BSL2 |  |
| BSL2+ |  |
| BSL3 |  |

\*The use of pathogens, MOT or primary cells within the facility labs will require the validation of SPR on the experimental protocol. The submission will be managed by the applicant with the support of the core facility. The use of GMO is possible after a proper declaration to the competent authorities.

1. **Of note**
* Any submitted project will be examined IP-Organ-on Chips selection committee, which may approve or refuse it, on the base of technical feasibility and of S1 chip availability, within a 21 days’ period.
* The project leader will make best efforts to complete the experimental part of the project within one year.
* If collaboration in the framework of the project, external partners need to be exclusively from academia
* At the end of the project, you’ll be asked to provide a short report on data issued with the technology