**Biomaterials & Microfluidics Core Facility**

**CALL for ORGAN-ON-CHIP TECHNOLOGY PROJECTS**

**APPLICATION FORM**

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

Completed information form to be submitted at: ooc@pasteur.fr

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

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

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

**Please note :**

* Projects will be selected as they come on a first come, first served basis. The annual allotment is 500 chips in total.
* External collaborations are welcome but they need to be identified clearly in the project proposal. The Pasteur team has to take the lead.
* Chips can be handled by the center **and/or** training can be provided to users that want to be autonomous.
1. **Project description**
	1. Describe the research topic/background, objectives and hypothesis
	2. Provide detail work plan in a table or scheme, including: time schedule, milestones and deliverables you would like to obtain. Indicate the role and responsibilities of the applicants in the activities.

Highlight the added value of the OOC technology to the project: could the research question(s) be answered with other methodology (yes, no, partially…)?

* 1. Please briefly describe the expected quantitative assessments / readouts you would like to generate (image analysis, permeability assay, immunofluorescence…)?
	2. Will the project involve producing chips in specific conditions?

|  |  |
| --- | --- |
| Hypoxic/anoxic  |  |
| High flow rate/sheer stress |  |
| Live imaging |  |

If yes, please describe:

|  |  |
| --- | --- |
| Chip number required (estimation): |  |

1. **Literature:**

Recent publications of content related to the project

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

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

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

*If yes, Ministry agreement n°*

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

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

*If yes, any approved SPR experimental protocol with the pathogen? (File can be attached)*

* 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. **What type of service I would require?**

|  |  |
| --- | --- |
| I want to be autonomous with my chips |  |
| I want the Center to do the chips |  |
| A mix of both |  |
| I don’t know |  |