**Organ-On-A-Chip Technologies Network
Lab Exchange Funding Application**

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| **Applicant (visiting scientist)** |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |

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| **Details of laboratory & individual to visit** |
| Title: |  | First name: |  | Surname: |  |
| Email: |  |
| Division / Department: |  |
| Organisation  |  |

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| **Visit Details** |
| Dates: |  |
| Breakdown of costs of visit:  |  |
| Funding requested:(NB: this only covers travel/subsistence to a max of £200): |  |

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| **Aims and goals of visit** |
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