**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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