**Testa Center Application for Activity**

If you are interested in carrying out an activity at Testa Center, please complete the form below and send to erik.jacobsson@ilk.uu.se or margareta.krabbe@ibg.uu.se

You will receive feedback on your application within three weeks from submission.

**INTELLECTUAL PROPERTY**

If you would like advice regarding aspects of intellectual property related to your project (patent, freedom to operate etc.), please let us know.

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| Application received | Date:Received by (name): |
| Application feedback | [ ]  Yes [ ]  NoComments:Date/Signature: |
| Proposed Length of Activity | Number of weeks: |
| Communicated to Testa center | Date:Signature: |

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| 1. CLASSIFICATION OF ACTIVITY
 |
| Applicant: |  |
| Focus area: Tick the area that best describes your activity |
| [ ]  Education [ ]  Bio-pharmaceutical project [ ]  Biological products[ ]  Media, chemical, etc. | [ ]  Bioprocess technology [ ]  Digitalization [ ]  Other……………………………… |
| 1. AIM OF THE ACTIVITY
 |
| Briefly describe the planned activity |
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| Where appropriate, describe why the Testa Center facilities are needed for the activity (i.e. why the activities cannot be carried out by a commercial actor or in the University’s laboratories) |
| Uppsala University does not have these type of equipments and competence. No commercial actor has these kind of services. |
| 1. FINAL PRODUCT
 |
| Briefly outline the final product / objective of the activity |
|  |
| 1. BACKGROUND
 |
| Briefly outline the background to the planned activity and the current status |
| Current status:  |
| 1. ACTIVITY ORGANISATION
 |
| Give a brief description of the activity’s organisation, including name, affiliation, expertise, activity leader and other allocated responsibilities.  |
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| 1. REQUIRED TRAINING
 |
| What type of support is needed from Testa Center personnel? Do you need additional support or training outside the basic training/instructions that the Center personnel can provide? |
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| 1. ACTIVITY PLAN
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| Total time required for proposed center activities: |
| Date for desired start of activities: |
| Describe the individual activities as work packages (WPs), outlining the time and resources (materials and equipment) required for each WP |
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| 1. EQUIPMENT AND MATERIALS
 |
| Specify what equipment you will bring to Testa Center yourself |
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| Specify all materials (including cell lines etc.) you propose to bring to Testa Center |
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| Specify any consumables and other materials that will be necessary to complete the activity |
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| 10. CONFLICT OF INTEREST |
| Have you or your affiliation at any time received (or expect to receive) payment or services from a third party other than from non-profit entities (e.g. government grants), for any aspect of the proposed project work?[ ]  Yes [ ]  No  |
| If “Yes” please specify all such funding parties and the nature of their involvement. |
|  |
| Is the proposed project being funded – either in part or in full – by ‘for profit’ entities (i.e.companies etc.)?[ ]  Yes [ ]  No |
| If “Yes” please provide details. In particular, specify to what extent the for-profit organisation has been involved in the planning of the research and what their interest is in the project |
|  |
| Is there any financial relationship (regardless of amount) between you as an academic researcher and ‘for profit’ entities (i.e.companies etc.) that have interest in the outcome of the proposed project?[ ]  Yes [ ]  No |
| If “Yes” please specify the nature of the financial relationship? |
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