**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](mailto:erik.jacobsson@ilk.uu.se) or [margareta.krabbe@ibg.uu.se](mailto: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  No  Comments:  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 | |
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| 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 |
| 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. |
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| 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 |
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| 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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