LyoLaunchPad Application- Academic



Project Title:	
Research Group/Faculty Contact:	
Affiliation/School:	
Faculty E-mail address:Phone:	
Research Group Website:	
Designated User:	
Title:	
Phone Number:	
E-mail Address:	
Project Information (briefly, describe the lyo project you would like to complete in LyoHUB demo facility)	
Equipment use (describe which lyo equipment you would like to use and typical conditions, e.g. freeze-drying recipe).	

	
Please complete this form and return	to: Jennifer Gray at gray160@purdue.edu
members within 30 days of pro it works into LyoHUB schedule • Faculty/PI agrees to share cycle • Faculty/PI agrees to acknowled Nanotechnology Center in puble • Faculty/PI and designated user	ary report of LyoLaunchPad project results to LyoHUB ject completion and present to LyoHUB membership if within 90 days of project completion. e data with LyoHUB (if generating) dge the use of LyoHUB demo facility at Birck lications resulting from this LyoLaunchPad project. r agrees to comply with all laboratory safety regulations er and safety compliance within the LyoHUB and directly in the lab)
Faculty/PI	Designated User
Signature	Signature
Date	Date
LyoHUB Co-Director (Signature)	LyoHUB Co-Director (Signature)

Date

Date