**Scientific Report Mobility Grants for Lab Exchange**

**(3-4 pages long)**

**To the Lab Exchange grant Coordinator and the Manager of the COMULISglobe (CZI)**

Place, date: Town (Country), Day of Month of 20xx

**Applicant name (First, Last):**

**Home Institution:**

**Host Institution:**

**Mobility Grants for Lab Exchange title:**

**Description of the work carried out during the Mobility Grant for Lab Exchange (Max 300 words):**

**Description of the main results obtained:**

**Mutual benefits for the Home and Host institutions:**

**Future collaboration with the Host institution (if applicable):**

**Foreseen publications/articles or conference presentations expected to result from the Mobility Grant for Lab Exchange (if applicable):**

**Other comments (if any):**

Date: Signature of the grantee

**Confirmation by the host institution of the successful execution of the Mobility Grant for Lab Exchange:**

Date: Signature and stamp of the
 host institution

**Popular Report (dissemination):**