Berlin Health Innovations
BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2019

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Berlin Health Innovations

BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2019

Section A: Signature Page

Project Title:

Please insert project title here

Institution(s):

Institution of Applicant:	
Institution of PI / Kostenstelleninhaber/-in (if different from Applicant)	

Please check all that apply (mandatory):

☐ I hereby confirm that I am an employee of the institution(s) named above.

☐ In submitting this application, I agree to the conditions and obligations of the Digital Health Accelerator Program 2019.

☐ I agree that the information may be communicated to members of BIH and Berlin Health Innovations involved in the selection process, members of the technology transfer office of my institution, and external reviewers who have each signed a confidentiality agreement.

☐ PI / Kostenstelleninhaber/-in only: I hereby confirm that my employment contract with BIH/Charité/MDC covers at least the duration of the Stage 1 proposed project.

Applicant:

PI / Kostenstelleninhaber/-in (If Different from Applicant):

Berlin Health Innovations

BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2019
Section B: Application Form

Structure of Application Form:
1. **Applicant Information**
2. **Project Description**
3. **Market and Competition**
4. **Project Work Plan**
5. **Intellectual Property**
6. **Charts (optional)**
7. **Publications (optional)**
8. **Motivation**

1. APPLICANT INFORMATION

1.1. Applicant

Last name	
First name	
Position	
Research group	
Institution	
Email	
Telephone	
Gender (f/m/other)	

1.2. Group Leader (PI / Kostenstelleninhaber/-in, if different from applicant)

Last name	
First name	
Position	
Research group	
Institution	
Email	
Telephone	
Gender (f/m/other)	

1.3. Applicant Credentials (max. 1500 characters)

Please describe the **team** that is working on your project, including each team member's background, credentials, experience, relevant career stages, industry experience, etc. Highlight what makes your team **innovative and uniquely positioned** for this project.

1.4. Collaborators/Partners (max. 1000 characters)

List any **academic collaborator(s) and private-sector partners and service provider(s)** you consider to work with during the Digital Health Accelerator Program and highlight their complimentary expertise.

1.5. Infrastructure (max. 500 characters)

If applicable, describe any unique **infrastructure/equipment advantages** at your disposal.

2. PROJECT DESCRIPTION

2.1. Project Title (max. 150 characters)
Please use a non-confidential **project title** that catches the essence of your project.

2.2. Unmet Medical Need/"Pain Point" (max. 1500 characters)
Please describe the **unmet medical need or "pain point"** that your invention/solution targets.

2.3. Invention/Solution (max. 3000 characters total)

A. Please describe **what** your invention/solution is. (max. 500 characters)

B. Please describe **how** your invention/solution works. Be specific on technology. (max. 1500 characters)

C. Please describe **how** your invention/solution addresses/helps solve described unmet medical need or "pain point". (max. 1000 characters)

2.4. Uniqueness/Differentiation (max. 1000 characters)

Please describe why your invention/solution is better than or different from the standard of care or "gold standard".

2.5. Current Development Stage (max. 500 characters)

Please select below the one option that best describes the **current development stage** of your invention/solution. Provide any **comments** below and/or **evidence** (see Section 6.) that your approach and invention/solution work.

☐ Concept

☐ Technology

☐ Technical Prototype

☐ Prototype in pilot (e.g., in clinic)

☐ Prototype in clinical evaluation

☐ Marketable product/service

Comments:

2.6.   Future Development Plan (max. 1500 characters)

Please describe your **overall ambition** for the project: How do you intend to bring your invention/ solution into medical application (e.g., via license, sale, start-up formation), and by when?

Note: Innovators are not required to join potentially developed start-ups full time, since roles compatible with the academic/clinical profession can be defined.

3. MARKET AND COMPETITION

3.1. Potential Business Model(s) (max. 1500 characters)

Please describe **potential business model/s** for your invention/solution: Who are key stakeholders (e.g., patients, physicians, hospitals, insurers; country/region)? How does your invention/solution create value for them? How is it delivered? How is it monetized? How does it scale?

3.2. Market Potential (max. 1500 characters total)

For each described business model(s) described above, please provide or estimate the **market potential** your invention/solution could generate, if applicable.

A. Total number of patients/ cases/ customers for your invention/solution (Germany/ EU/ worldwide):

BERLIN INSTITUTE OF HEALTH
Charité & Max Delbrück Center

BERLIN HEALTH INNOVATIONS
THE JOINT TECHNOLOGY TRANSFER OF THE BERLIN INSTITUTE OF HEALTH AND CHARITÉ – UNIVERSITÄTSMEDIZIN BERLIN

CHARITÉ
UNIVERSITÄTSMEDIZIN BERLIN

In cooperation with
MDC MAX DELBRÜCK CENTER FOR MOLECULAR MEDICINE IN THE HELMHOLTZ ASSOCIATION

B. Price points / resource savings per patient/ case/ customer:

C. Total revenues / cost savings:

3.3. Competitive Landscape (max. 1500 characters)

To your knowledge, please describe the **top 3-5 key competitors** to your invention/solution (e.g., large companies, start-ups, research projects) and their **similar or alternative products/solutions**. Please be specific. (*Note: Indicated absence of any competitors stems typically from a lack of competitive analysis or a too narrow definition of current alternatives.*)

4. PROJECT WORK PLAN

4.1.   Project Work Plan for Digital Health Accelerator Program 2019, Stage 1 (max. 2500 characters)

Please provide **key work packages, milestones and resources** for your project to be addressed during the Digital Health Accelerator program 2019, Stage 1. Ensure to aim for a **concrete translational goal** that includes developing an asset or a set of assets for commercialization (e.g., license, sale, start-up formation).

Note: Completion of these work packages should not exceed six month (July-December 2019).

Please use the following format.

- Work package 1: Description, time frame, related milestone 1, related budget 1
- Work package 2: Description, time frame, related milestone 2, related budget 2
- Etc.

4.2.   Team in Digital Health Accelerator Co-working Space (max. 500 characters)

Please list team members and roles who will be present in the co-working space at BIH during the program.
Note: Please list 2-4 individuals/roles.

5. INTELLECTUAL PROPERTY

5.1. Development Partners (max. 500 characters)

Please name any past and present development/co-operation partners (e.g., academic/research institutions, companies) for your invention/solution. Please describe these partners' contributions and the intellectual property situation concerning your project.

5.2. Invention Disclosure/s at BIH/Charité/MDC

Have you filed invention disclosure/s with the Technology Transfer Office (TTO) of your institution (Berlin Health Innovations for BIH/Charité; MDC-TTO, others) regarding this project/the technology in this project?

☐ Yes

   o   Contact person/s:_____

   o   TTO file number/s:_____

☐ No.

5.3. Patent Application/s

Have you filed patent applications with the Technology Transfer Office (TTO) of your institution (Berlin Health Innovations for BIH/Charité; MDC-TTO, others) regarding this project/the technology in this project?

☐ Yes

   o   Contact person/s:_____

   o   Patent application number(s):_____

☐ No.

5.4. Granted Patent/s

Please list any key patents related to the project that you/your research team holds (up to 5).

1.	
2.	
3.	
4.	
5.	

6. CHARTS (optional)

Please upload as email attachment to the application any images or charts that support your proposal by helping reviewers better understand your technology, invention/solution, and future plans.

7. PUBLICATIONS (optional)

Please list up to five key publications that you feel are important to understand the technology and/or invention/solution you are describing. These can concern previous work you have done and results/data you have gathered and that justify your proposed next steps, or publications providing background information to the technology. Please, do not include any of your previous publications unrelated to the project that you are describing in this proposal.

1.	
2.	
3.	
4.	
5.	

8. MOTIVATION

Please suggest the top 3 reasons why your project should be accepted to the Digital Health Accelerator Program 2019.

1.	
2.	
3.	

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Section C (optional): Application for Protected Time
Team member 1

Project Title:

Confirmation of Financing as Part of the Funding Covered by the Digital Health Accelerator Program 2019, Stage 1 (August 1 to December 31, 2019)

I hereby confirm as director of the clinic/ research institute _____

at Berlin Institute of Health / Charité – Universitätsmedizin Berlin / Max Delbrück Center for Molecular

Medicine, that _____receives our fullest support with the implementation of the

pursued project. We are ensuring _____up to 50 percent exemption of clinical/

research tasks for the Digital Health Accelerator Program 2019 during the term of funding. After successful

evaluation upon conclusion of the funding and concerning the industrial law, the clinic/ research institute

will enable _____continued employment in the previous position. I agree to have

knowledge of the fact that the Digital Health Accelerator Program 2019 cannot continue the funding of

_____if these requirements cannot be ensured.

Name of Clinic Director/   **Date**   **Signature**
Director of Research Institute

BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2019
Section C (<u>optional</u>): Application for Protected Time
Team member 2

Project Title:

Confirmation of Financing as Part of the Funding Covered by the Digital Health Accelerator Program 2019, Stage 1 (August 1 to December 31, 2019)

I hereby confirm as director of the clinic/ research institute _____

at Berlin Institute of Health / Charité – Universitätsmedizin Berlin / Max Delbrück Center for Molecular Medicine, that _____receives our fullest support with the implementation of the pursued project. We are ensuring _____up to 50 percent exemption of clinical/ research tasks for the Digital Health Accelerator Program 2019 during the term of funding. After successful evaluation upon conclusion of the funding and concerning the industrial law, the clinic/ research institute will enable _____continued employment in the previous position. I agree to have knowledge of the fact that the Digital Health Accelerator Program 2019 cannot continue the funding of _____if these requirements cannot be ensured.

Name of Clinic Director/	**Date**	**Signature**
Director of Research Institute		