

Berlin Institute of Health

# DIGITAL HEALTH ACCELERATOR PROGRAM 2020

## Application Form

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Berlin Institute of Health

# DIGITAL HEALTH ACCELERATOR PROGRAM 2020

## Application Form, Section A: Signature Page

**Project Title:**

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**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 BIH Digital Health Accelerator (DHA) Program 2020.
- I agree that the information may be communicated to members of BIH and BIH 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 proposed project for the DHA program Stage 1 (August to December 2020).

**Applicant (Full Name, Date, Signature):**

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**If different from Applicant: PI / Kostenstelleninhaber/-in (Full Name, Date, Signature):**

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Berlin Institute of Health

# DIGITAL HEALTH ACCELERATOR PROGRAM 2020

## Application Form, 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 and career stages, credentials, and relevant experience. 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 in total)

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

B. Please describe **how** your invention/solution works. Be specific on data/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., pilot 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? How is it delivered? How is it monetized? How does it scale?

### 3.2. Market Potential (max. 1500 characters in 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):

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 too narrow a definition of current alternatives.)

## 4. PROJECT WORK PLAN

### 4.1. Project Work Plan for Digital Health Accelerator Program 2020, 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 2020, 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 five month (August-December 2020).*

Please use the following format.

- Work package 1: Brief description, time frame, related milestone 1, related budget 1
- Work package 2: Brief 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 (BIH Innovations for BIH/Charité; MDC-TTO, others) regarding this project/the technology in this project?

Yes

○ Contact person/s: \_\_\_\_\_

○ TTO file number/s: \_\_\_\_\_

No.

### 5.3. Patent Application/s

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

Yes

○ Contact person/s: \_\_\_\_\_

○ 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 BIH Digital Health Accelerator Program 2020.**

1.	
2.	
3.	



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# DIGITAL HEALTH ACCELERATOR PROGRAM 2020

Application Form, Section C (optional):

Application for Protected Time – Team member 1

**Project Title:**

## Confirmation of Financing as Part of the Funding Covered by the BIH Digital Health Accelerator Program 2020, Stage 1 – August 1 to December 31, 2020

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 BIH Digital Health Accelerator Program 2020 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 BIH Digital Health Accelerator Program 2020 cannot continue the funding of \_\_\_\_\_  
if these requirements cannot be ensured.

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Name of Clinic Director/ Director of Research Institute	Date	Signature
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# DIGITAL HEALTH ACCELERATOR PROGRAM 2020

Application Form, Section C (optional):

Application for Protected Time – Team member 2

**Project Title:**

## Confirmation of Financing as Part of the Funding Covered by the BIH Digital Health Accelerator Program 2020, Stage 1 – August 1 to December 31, 2020

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 BIH Digital Health Accelerator Program 2020 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 BIH Digital Health Accelerator Program 2020 cannot continue the funding of \_\_\_\_\_ if these requirements cannot be ensured.

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Name of Clinic Director/ Director of Research Institute	Date	Signature
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