

Berlin Institute of Health at Charité – Universitätsmedizin Berlin
DIGITAL HEALTH ACCELERATOR PROGRAM 2023
Application Form

Table of Contents

Section A:	Signature Page
Section B:	Application Form
Section C (optional):	Application of Protected Time from Clinical Obligations for up to Two Team Members

Note: In case of any technical issues with this form, additional documents (PDF) are accepted.

Berlin Institute of Health at Charité – Universitätsmedizin Berlin
DIGITAL HEALTH ACCELERATOR PROGRAM 2023
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.
- PI / Kostenstelleninhaber*in only:* I hereby confirm that my employment contract with BIH/Charité covers at least the duration of the proposed project for the BIH DHA program Stage 1 (February 2023 to July 2023).
- I agree that information of this application may be communicated to members of BIH and Charité involved in the selection process and members of the technology transfer office, and external reviewers under confidentiality agreement.

Applicant:

(Date, Full Name, Signature)

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(If different from Applicant) PI / Kostenstelleninhaber*in:

(Date, Full Name, Signature)

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Berlin Institute of Health at Charité – Universitätsmedizin Berlin
DIGITAL HEALTH ACCELERATOR PROGRAM 2023
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	

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

Last name	
First name	
Position	
Research group	
Institution	
Email	
Telephone	

1.3. Applicant Credentials (max. 1500 characters)

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

1.4. Other funding (max. 500 characters)

Please list any other **current funding** of project team members related to the project topic. Please also list any ongoing and/or planned funding applications, e.g., BIH (J/D/A)CSP, BMBF

1.5. Collaborators/Partners (max. 1000 characters)

List any **academic/clinical collaborators, private-sector partners and service providers** you consider to work with in the BIH Digital Health Accelerator Program and highlight their complimentary expertise.

1.6. 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. If possible, consider the medical component and the economic component of the unmet need.

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 used. (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.

- Idea / Concept / Mock-up
- Core technology
- Technical prototype
- Prototype in pilot (e.g., pilot in clinic)
- Prototype in clinical evaluation
- Marketable product/service

Comments:

2.6. Evidence/data (max. 500 characters)

Please describe what evidence/data has been generated that your invention/solution works. Be specific on **what evidence/data supports intended benefits and performance** of the target invention/solution, and **how the evidence/data has been generated** (see also Section 6).

3. MARKET AND COMPETITION

3.1. Potential Business Model (max. 1000 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 the value delivered? How will costs be covered?

3.2. Impact/Market Potential (max. 1000 characters)

For the business model(s) described above, please provide or estimate the **impact/market potential** of your invention/solution: Total number of patients/cases/customers for your invention/solution in target geographies; potential resource savings/revenues per patient/case/customer and in total.

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 2022, Stage 1 (max. 1500 characters)

Please provide an overview of **key work packages, milestones and budget** for your project in the BIH Digital Health Accelerator 2023 Stage 1. *Note: Completion of these work packages should not exceed six months (February 2023 to July 2023).*

Please use the following format.

- Work package 1: Brief description, time frame, key milestone, budget estimate
- Work package 2: Brief description, time frame, key milestone, budget estimate
- Etc.

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

To the extent already known, please list team members and roles who will be present regularly in the BIH DHA co-working space near Charité Campus Mitte during the program.

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.

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5.2. Invention Disclosure(s)

Have you filed invention disclosure(s) with the technology transfer office of your institution (Charité BIH Innovation Patenting and Licensing) regarding this project/its technology?

Yes:

- Contact person(s): _____
- TTO file number(s): _____

No.

5.3. Patent Application(s)

Have you filed patent application(s) with the technology transfer office of your institution (Charité BIH Innovation Patenting and Licensing) regarding this project/its technology?

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 2023.

1.	
2.	
3.	

Berlin Institute of Health at Charité – Universitätsmedizin Berlin
DIGITAL HEALTH ACCELERATOR PROGRAM 2023
Application Form, Section C:
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 Stage 1 (1 February 2023 to 31 July 2023)

I hereby confirm as director of the clinic / institute

at Charité – Universitätsmedizin Berlin / Berlin Institute of Health at Charité, that
(first name, last name) _____

receives our fullest support with the implementation of the proposed project.

We are ensuring her / him /them up to **50 percent** exemption of clinical/ research tasks for the BIH Digital Health Accelerator Program during the funding period.

After conclusion of the funding and concerning the labor law, the clinic/ research institute will enable her / him / them continued employment in the previous position.

I agree to have knowledge of the fact that the BIH Digital Health Accelerator Program cannot continue the funding of her / him/ them if these requirements are not met.

Date

**Name of Director of
Clinic / Institute**

Signature

Berlin Institute of Health at Charité – Universitätsmedizin Berlin
DIGITAL HEALTH ACCELERATOR PROGRAM 2023

Application Form, Section C:
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 Stage 1 (1 February 2023 to 31 July 2023)

I hereby confirm as director of the clinic / institute

at Charité – Universitätsmedizin Berlin / Berlin Institute of Health at Charité, that
(first name, last name) -----

receives our fullest support with the implementation of the proposed project.

We are ensuring her / him /them up to **30 percent** exemption of clinical/ research tasks for the BIH Digital Health Accelerator Program during the funding period.

After conclusion of the funding and concerning the labor law, the clinic/ research institute will enable her / him / them continued employment in the previous position.

I agree to have knowledge of the fact that the BIH Digital Health Accelerator Program cannot continue the funding of her / him/ them if these requirements are not met.

Date

**Name of Director of
Clinic / Institute**

Signature