

1. CONTACT INFORMATION

Name:

Institution:

Unit/Research Group:

e-mail:

Phone:

2. TEAM MEMBERS

NAME	PROFESSIONAL CATEGORY	INSTITUTION

3. PROJECT

PROJECT TITLE:

PROJECT DESCRIPTION (WHAT IS THE INNOVATION? PROVIDE NON-CONFIDENTIAL INFORMATION):
(approximately 1000 words)

HEALTHCARE AFFECTED BY THE SOLUTION PROVIDED: (approximately 100 words)

JUSTIFICATION: IMPROVEMENTS AND/OR BENEFITS, UTILITIES AND APPLICATIONS. (Including current situation and identified needs/current solutions) (Approximately 500 words)

CURRENT STAGE OF DEVELOPMENT OF THE PROPOSED SOLUTION (select)

1. IDEA
2. DESIGN (conceptualization)
3. TEST
4. PROTOTYPE
5. TRIAL
6. TECHNOLOGY TRANSFER-PHASE

DESCRIBE THE WORK CARRIED OUT SO FAR (specify if there are any published or granted patents, provide at least two most relevant articles that show potential of the technology) (approximately 500 words)

DISEASE/THERAPEUTIC AREAS OF APPLICATION OF THE PROPOSED SOLUTION (Is it applicable in other diseases?) (approximately 200 words)

4. FUTURE DEVELOPMENT PLAN (Where do you see your idea/project in future?) (approximately 200 words)

5. COMMENTS (approximately 100 words)

PLEASE SEND THE COMPLETED FORM TO: innovationaward@pointguardllc.com