**H2M – Advanced services application form**

Please fill out the questionnaire and send it back to h2m@engage-ventures.com. Please make sure to give as much detail as possible in as many categories as possible. An NDA (Non-disclosure-Agreement) can be obtained if necessary. In this case and also if you need help or support in filling out the form, please contact the above e-mail address.

Please keep in mind that the European Commission expects a publicly available output. You will be asked to remove mission-critical or identifying information prior to publication of any results. This does not concern info given in this form.

**Deadline** for turning in your application is the **15.2.2015, 23:59 CET**.

1. **General**

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| --- | --- |
| **Name:** | Your name, title |
| **Institution:** | Your host research institution |
| **Position:** | (Lead) Researcher / Technology Transfer / etc. |
| **Tel.:** | e.g. +49 (0) 721 91345-11 | **E-Mail:** | e.g. a@b.cd |
| **Your invention or planned business in one sentence:** |
| Please explain |

1. **Market:**

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| **Which markets do you target (geographically, customer type, sector/ branch)?** |
| Geographical: | Please state whether national, European, ww or other market |
| Sector/ branch: | Please state whether therapeutic, diagnostic, biomedical device or other |
| **What do you know about the market dynamic?** |
| Please give detail |
| **Is it a growth market?** |
| 🞎 Yes 🞎No | Other: Please explain |
| **What do you know about market sizes/ volumes?** |
| Please state the size (in $/€) of the addressed markets |
| **Who is the customer, who needs to be influenced/addressed, who makes the buying decision?** |
| Please describe who is involved in the buying decision, whether there is only the end consumer deciding or whether others are involved such as government, health insurance, etc. |
| **How sensitive are the customers to price?** |
| Please indicate the price sensitivity of the customers |
| **What is important to the customer?** |
| Please indicate what is important to the customers (e.g. price, quality, accuracy, adverse events etc.) |
| **Has there been any feedback from the market side (e.g. when presenting results at a fair, talking to potential customers)?** |
| Please indicate if there is feedback from the market or interested parties for your product / service |
| **Have you or somebody else (TTO, etc.) already tried marketing the technology? What where the results?** |
| Please state whether the technology has been marketed already and if so, how successful this has been (e.g. lead to pilot customers etc.) |
| **Competitors. Who are they, what products/competing solution are they selling, what market position are they in, how do they compare to your technology?** |
| Competitors | Please name the competitors |
| Products | Please name competing products |
| Advantages / Disadvantages | Please describe the (dis-)advantages of the competing technology |
| **What knowledge do you have of special market mechanisms (market knowledge) and entry barriers (contractual, regulatory, financial, technical, …)?** |
| Market knowledge | Please give overview of your market knowledge |
| Entry barriers | Please indicate which entry barriers there are and how “high” these are |
| **What can you say about the pricing (costs/ market prizes) of your potential product and competitors technologies?** |
| Please indicate the price point of your and your competitors technology / (planned) products |

1. **Technology**

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| **What is the need your technology satisfies?** |
| Please describe which concrete need(s) your technology satisfies |
| **What is your technology’s degree of maturity?** |
| Please indicate, e.g. proof-of-concept, prototype, … |
| **What are the technologies unique selling points?** |
| Please describe the unique selling points  |
| **What limitations on your technology are there (e.g. special gear/tools/machines necessary, access to lab space necessary, etc.)?** |
| Please describe the limitations of your technology  |
| **What are the necessary resources to create product (time, personnel, money, infrastructure, …)?** |
| Please describe all resources which you need for production |
| **How far ahead of the state of the art would you suppose the technology is?** |
| Please indicate how novel, innovative your technology is |
| **Will you need to conduct clinical / human trials?** |
| Please state whether you need to conduct clinical trials |
| **What possibilities are there for further development?** |
| Please indicate whether your technology can be further advanced to new products or expanded to different markets/sectors |

1. **People**

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| **What is your motivation to valorize your research? How convinced are you of your idea/ product/service?**  |
| Please explain |
| **Who are the key persons involved?** |
| Please name the key persons involved. |
| **What is their background / experience?** |
| Please describe their background |
| **What can they bring to the proposed undertaking?** |
| Please describe what each of the persons contributes to the undertaking |
| **When and how are they available?** |
| Please also indicate whether they work fulltime or part time for the undertaking |
| **Who is a candidate for management tasks?** |
| Please indicate whether you have a candidate for management tasks |
| **Are there professional contacts / networks that aid you with valorization?** |
| Please indicate whether you have professional help |

1. **Financing:**

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| --- |
| **Would you invest your own money in a company making your product?** |
|  **🞎** Yes  **🞎** No |
| **Does a business plan exist?**  |
|  🞎 Yes 🞎No |
| **Is an industry joint-venture possible?** |
|  🞎 Yes 🞎No |
| **Are you already in contact with investors?** |
|  🞎 Yes 🞎No |
| **How much is your own / your networks investment (family, friends, fools)?** |
| Please enter |

1. **Intellectual Property Rights**

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| **Is the technology in any way protected? If so, please indicate the type of protection (patent, copyright, etc.)** |
| Please detail type(s) of protection |
| **Where is the technology protected (geographic scope)?** |
| Please indicate in which regions the technology is protected |
| **Which applications are currently covered?** |
| Please indicate which applications / parts of your business are covered |
| **Are there applications you plan to commercialize not yet covered by the protection?** |
| Please explain. |
| **Is the IP protection already - or can it still be - internationalized (at least in the US + most important markets)?** |
| Please explain. |
| **Have you published the underlying scientific results? When/where?** |
| Please explain. |
| **Is the protection still active (fees paid etc.)? How long will the protection still last?** |
| Please explain. |
| **Is it already licensed/used? By whom, where, for how long, to what conditions, …?**  |
| Please explain. |
| **Is the technology ready to be licensed / used or is follow-up research / development necessary?**  |
| Please describe. |
| **What is the situation regarding norms, laws, GMP regulations etc. for the specific technology?**  |
| Please describe. |
| **Are there any usage restrictions on the technology?**  |
| If so, please explain. |
| **How freely can you access the technology (sole ownership, co-ownership, ...)?**  |
| Please describe. |
| **Are other rights necessary to use the technology (background)?**  |
| Please explain. |
| **Are the rights to the technology in any way under scrutiny (usage limitations, appeals, indictions, …)?**  |
| If so, please explain. |
| **Could you identify a violation of your rights? How easy would it be spot an unauthorized use of your technology?** |
| Please explain. |

1. **Research Funding Source:**

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| **Are the inventions/ IP / results you plan to commercialize based on research that was in any way funded by the European Commission, e.g. through a Framework Programme (i.e. FP5, 6, 7) or Horizon 2020 grants or other European funding?** |
|  🞎 Yes 🞎No |
| **If yes, please give details:** |
| Project name | Funding source |
| Project name | Funding source |
| Project name | Funding source |
| Project name | Funding source |
| Project name | Funding source |

1. **Feedback / Input:**

Please indicate which advanced service you would like to obtain:

🞎 1. Application mapping and highlighting

🞎 2. Patent analysis

🞎 3. Market analysis

🞎 4. Business plan formulation

🞎 5. Business plan evaluation

🞎 6. European legislation, standardization and certification issues related to medical technology

🞎 7. Support in obtaining further EU funds

🞎 8. Access to finance

Feedback:

Questions, comments, complaints, etc.