# Form for applying for Case testing for Surgical Technologies Testbed

Please enter the text/numbers in English in to the grey boxes

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| Name of the company or unit or innovator |
| Applicant’s / responsible person's name, title: |
| Telephone number and email: |
| Address: |
| Title of the idea or product: |
| Executive summary (non-confidential information only): Briefly describe the idea or product and the problem to be solved and summarize your approach in it. The summary can be published in relevant media for project communication. |

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| SERVICE REQUIRED (select one or more options):   |  |  | | --- | --- | | Clinical/health professional opinion |  | | early feasibility study/proof of concept |  | | clinical validation study |  | | health economics |  | | clinical trials design |  | | statistical design |  | | patient experience |  | | analytical validity |  | | performance evaluation |  | | market access study |  | | post marketing study |  |   description of the proposed idea or product:  Please fill following and give short answers to all of the questions!  (More detailed description of the idea, additional information like drawings, pictures or other relevant material can be attached!)  **CLINICAL NEED – IMPORTANT CRITERIA FOR EVALUATION**  Describe the problem you propose to solve (what question do you want to know the answer to?). What is the potential societal and market impact? Why will your approach be compelling and to whom (patients, professionals, other)?    **PROPOSED APPROACH**  Describe the proposed solution and how it solves the real clinical problem.    **BENEFITS/COMPETITION**  What are the alternative or competing technologies? Elaborate the benefits of the proposed approach over current or  competitive approaches. If the competitive approaches are not existing how the problem is solved today?    Is the device/product patent protected?    **BENEFIT**  What are the key steps needed to develop your idea towards commercial product/service? Who are the clients or customers you see as the potential buyers who have the benefits for using the proposed solution?    **STATUS / CURRENT SITUATION / PHASE OF DEVELOPMENT**  **Please answer the following questions:**  **Is there an existing prototype or product? Yes / No**    **Is the device/product patent protected ( e.g. Google, colleagues or other methods)? Yes/ No/ Do not know**    **Is device/product CE marked or FDA approved for clinical application? Yes/ No/ Do not know**    **Do you know if there is a need for medical device classification and has there already been activities with these requirements? Please explain shortly.**    **Have you already done practical tests in healthcare environment and if so do you have previous clinical data that can be shared?**    **Please evaluate how much your own resources you are able to invest for this testing process, number of working days, eventual travelling, funding, providing test samples, etc. Short description of your thoughts how you are willing to participate the testing process.**    **Proposed timelines**  **CONFIDENTIALITY/ IPR QUESTIONS**  **Has the idea or product been presented to "external" people or companies? YES/NO/ Who?**    **Are you the sole owner of the idea/ IPR of the product? YES/NO, if no is there the approval from the other parties to send this application/ or participate as test case? Please describe the situation and shortly who are the other partners.** |
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Please include Additional Information as appendix.

Send the filled form to [v.mapunde@leeds.ac.uk](mailto:v.mapunde@leeds.ac.uk)

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Place, Date and Signature