

# Form for applying for Case testing for Surgical Technologies Testbed

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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, the problem to be solved, patients that will be affected by the technology, expected benefits and summarize your approach in it. The summary can be published in relevant media for project communication.       |

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| Evaluation Required (What do you want us to measure? What analyses do you require?): description of the proposed idea or product: (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

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Place, Date and Signature