Berlin Institute of Health at Charité – Universitätsmedizin Berlin
DIGITAL HEALTH ACCELERATOR PROGRAM 2024
Application Form

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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 2024
Application Form, Section A: Signature Page

Project Title:

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 2024 to July 2024).

☐   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)

(If different from Applicant) PI / Kostenstelleninhaber*in:
(Date, Full Name, Signature)

Berlin Institute of Health at Charité – Universitätsmedizin Berlin
DIGITAL HEALTH ACCELERATOR PROGRAM 2024
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 sets your team apart and **enables you to deliver your proposed solution better than any competition**.

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.
(Example structure: A [problem] in [population] so that [current outcomes] leading to [costs].)

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2.3.   Invention/Solution (max. 3000 characters in total)

A. Please describe **what** your proposed invention/solution is. (max. 500 characters)

B. Please describe **how your proposed invention/solution works**. Be specific on data/technology used. *(Note: For brevity, bullet points can be used.)* (max. 1500 characters)

C. Please describe **how your proposed invention's/solution's setup or functionality helps solve** described unmet medical need or a "pain point". *(Note: For brevity, bullet points can be used.)* (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". Highlight why target stakeholders (e.g., physicians, patients, insurers) would adopt the solution. *(Note: Also consider the barrier to adoption of doing nothing.)*

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

- ☐ Technology core

- ☐ Technical prototype

- ☐ Prototype in pilot (e.g., pilot in clinic)

- ☐ Prototype in clinical evaluation

- ☐ Marketable product/service

Comments:

2.6. Input data (max. 500 characters)

Please describe what **input data, if any, your project is currently based on** and whether any restrictions for commercial use are known (e.g., industry-sponsored studies).

2.7. Current evidence (max. 500 characters)

Please also 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.

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. Market/Impact Potential (max. 1000 characters)

For the business model(s) described above, please provide or estimate the **market/impact potential** of your invention/solution. *(Example approach: [Total number of patients/cases/customers for your invention/solution in target geographies per year] times [potential resource savings/revenues/other benefits per patient/case/customer].)*

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 can stem 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 2024, 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 2024 Stage 1. *Note: Completion of these work packages should not exceed six months (February 2024 to July 2024).*

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.

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 yet?

☐ Yes:
- o Contact person(s):   _____
- o TTO file number(s):   _____

☐ No.

5.3. Patent Application(s)

Have you filed patent application(s) with or without the technology transfer office of your institution (Charité BIH Innovation Patenting and Licensing) regarding this project/the technologies used in this project?

☐ Yes:
- o Contact person(s):   _____
- o 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.

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8. MOTIVATION

Please suggest the top 3 reasons why your project should be accepted to the BIH Digital Health Accelerator Program 2024.

1.	
2.	
3.	

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