Berlin Institute of Health at Charité (BIH)

BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2025
Application Form (BIH/Charité Employees)

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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 (BIH)

BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2025

Application Form, Section A: Signature Page

Project Title:
A shortform handle (1-2 words) and non-confidential title that captures the essence of your project.

Applicant:

Institution (Charité/BIH):	
Please check all that apply (mandatory):	☐ I confirm that I am an employee of the institution(s) named above.
	☐ I confirm that my employment contract with BIH/Charité covers at least the duration of the proposed project for the BIH DHA Program Stage 1 (April 2025 to October 2025).
	☐ I agree that information of this application may be communicated to the members of BIH and external reviewers involved in the selection process under confidentiality agreement.
Date, Full Name, Signature:	

Kostenstelleninhaber*in (if different from Applicant):

Institution (Charité/BIH):	
Please check all that apply (mandatory):	☐ I confirm that I am an employee of the institution(s) named above.
	☐ I confirm that my employment contract with BIH/Charité covers at least the duration of the proposed project for the BIH DHA Program Stage 1 (April 2025 to October 2025).
Date, Full Name, Signature:	

Berlin Institute of Health at Charité (BIH)

BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2025

Application Form, Section B: Application Form

Structure of Application Form:

1. Applicant Information
2. Project Summary
3. Problem / Medical Need
4. Solution and Potential Impact
5. Current Status
6. Market and Competition
7. Intellectual Property
8. Funding and Partnerships
9. Project Objectives
10. Publications
11. Charts (optional)

1. APPLICANT INFORMATION

1.1. Application Type

○ Internal Project (Charite/BIH only)

○ Collaboration Project. Please list all involved institutions eligible for application:

Note: For collaboration projects, all external team members are required to additionally submit a supplementary External Team Member form.

1.2. Applicant

Last name	
First name	
Position	
Clinic, institute or unit	
Other affiliations	
Email	
Telephone	

1.3. Kostenstelleninhaber*in (if different from Applicant)

Last name	
First name	
Position	
Clinic, institute or unit	
Other affiliations	
Email	
Telephone	

1.4. Applicant/Team Credentials (max. 1500 characters)

Please describe the **applicant/team** working on the project and related roles, relevant background and credentials. Highlight any unique skills or experience for delivering the proposed solution.

1.5. Motivation (max. 250 characters)

Please suggest the **top 3 reasons** why your project should be accepted to the BIH Digital Health Accelerator Program 2025 Stage 1.

2. PROJECT SUMMARY

2.1. Project Title (max. 150 characters)

A shortform handle (1-2 words) and non-confidential title that captures the essence of your project.

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2.2. Project Summary/Abstract (max. 500 characters)

Please provide a **high-level description** of the problem you are solving, how your solution addresses this problem, and the impact that your proposed solution would have.

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2.3. Development Stage

Please select below the status that best describes the **current development stage** of your invention/solution.

Idea / concept / mock-up
Core technology
Technical prototype
Prototype in pilot (e.g., pilot in clinic)
Prototype in clinical evaluation
Marketable product/service

Comments:

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2.4. Application Type

Please indicate whether your application is General or related to a Focus Topic. Refer to the FAQ for more details. Note: Only select Focus Topic(s) that directly align with your solution. Choosing multiple topics provides no additional advantage or disadvantage.

General Application
Focus Topic: Cardiovascular & Metabolic Diseases
Focus Topic: Patient Monitoring for Ambulatory Surgical Care
Focus Topic: Pediatric & Neonatal Care

3. PROBLEM / MEDICAL NEED

3.1.   Unmet Medical Need (max. 1500 characters)

Please describe the **unmet medical need/problem/"pain point"** that your solution addresses and the consequences of this medical need. Example structure: "A [problem] in [population] that results in [current outcomes] leading to [costs]." Consider, e.g., direct and indirect health, health system, economic, and societal consequences.

4. SOLUTION AND POTENTIAL IMPACT

4.1. Proposed Solution (max. 2500 characters in total)

a) Please describe **what** your proposed solution is. (max. 500 characters)

b) Please describe the technical details of **how your proposed solution works**. Be specific on data/technology used. (max. 1000 characters)

c) Please describe **where your solution fits into the care path or the healthcare system**. Describe who uses/interacts with the solution, when and how. (max. 500 characters)

d) Please describe **the outcomes of your proposed solution** and how this addresses/helps solve the described unmet medical need or "pain point". (max. 500 characters)

4.2. Measurement of Success (max. 500 characters)

Please describe how the **benefits** of your intended solution could be measured and demonstrated for healthcare systems (e.g., health outcomes, cost savings, efficiency gains). Be specific about what the key metrics are.

4.3. Uniqueness/Differentiation (max. 500 characters)

Please describe why your proposed solution is **better than, or different from, existing solutions or standard of care**. Highlight why target stakeholders (e.g., physicians, patients, insurers, hospitals, industry) would adopt the solution. (Note: Consider barriers such as switching costs.)

5. CURRENT STATUS

5.1. Current Evidence (max. 500 characters)

Please 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/where it is stemming from.

5.2. Current Assets (max. 500 characters)

Please describe any assets that your project team has already generated, such as data sets, algorithms, proof of concept (POC), proof of value (POV), or minimum viable product (MVP).

6. MARKET AND COMPETITION

6.1. 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; in what country/region)? Who uses your solution, how do they get access, who benefits, and who pays, why and how?

6.2. Market/Impact Potential (max. 1000 characters)

To give a sense of scale, please roughly estimate the **market/impact potential of your solution**. (e.g., affected patient population, outcome improvements, potential time/cost savings). Example approach: [Total number of patients/cases/customers for your solution in target geographies per year] times [potential savings/revenues/other benefits per patient/case/customer per year].)

6.3. Competitive Landscape (max. 1000 characters)

To your knowledge, please describe the 3-5 key competitors to your solution (e.g., companies, research projects) and their similar or alternative products/solutions. Be specific. Note that a lack of competitors can reflect insufficient analysis or a too-narrow definition of alternatives.

6.4. Competitive Advantage (max. 1000 characters)

Based on your solution's current development status, time to market and key competitive trends, please explain what gives your proposed solution a unique advantage. What makes your solution defensible and/or hard to copy or imitate?

7. INTELLECTUAL PROPERTY

7.1. Development Partners (max. 500 characters)

Please name any past and present development/co-operation partners (e.g., academic/research institutions, companies) associated with your proposed invention/solution. Please describe these partners' contributions and the intellectual property situation concerning your project.

7.2. Invention Disclosure(s)

Has your project team filed invention disclosure(s) regarding this project/its technology with the technology transfer office of Charité/BIH (CBI, Team IP & Licensing)?

No

Yes:

Contact person(s):   TTO file number(s):

7.3. Patent Application(s)

Has your project team filed patent application(s) regarding this project/its technology with the technology transfer office of Charité/BIH (CBI, Team IP & Licensing)?

No

Yes:

Contact person(s):   Patent application number(s):

7.4. Granted Patent(s)

Please list any **patents relevant to the project** that your project team holds, either via current employer, via previous employer(s), or privately.

7.5. Input Data (max. 500 characters)

Please describe what **input data**, if any, your project is currently based upon or requires, and any known restrictions for commercial use (e.g., industry-sponsored studies, third party funding).

8. FUNDING AND PARTNERSHIPS

8.1. Other Funding (max. 500 characters)

Please list any **funding related to the project including its data and technologies** that internal (BIH/Charite) members of your project team **have received, are receiving, have applied for or are planning to apply for**. This includes funding by the BIH (J/D/A) Clinician Scientist Program, SPARK-BIH, BMBF, BMWK, DFG, EIT Health, EU, foundations, industry, and others.

8.2. Planned Collaborators/Partners (max. 500 characters)

List any **academic/clinical collaborators, private-sector partners and service providers** that your project team considers working with in the BIH Digital Health Accelerator Program and highlight their complementary expertise.

8.3. Infrastructure (max. 500 characters)

If applicable, describe any unique **infrastructure/equipment advantages** at the disposal of your project team.

9. PROJECT OBJECTIVES

9.1. Project Objectives for the BIH DHA Program 2025 Stage 1 (max. 1500 characters)

The BIH Digital Health Accelerator Program offers a structured approach to validate key assumptions regarding unmet needs, intended solution, technological feasibility, clinical validation, regulatory/data privacy/data security compliance, development path, market access, commercial viability, and real-world value. Please outline your key objectives for BIH DHA Stage 1 (6 months).

Please use the following format:

- Objective 1: Brief description, key deliverable, estimated duration and cost
- Objective 2: Brief description, key deliverable, estimated duration and cost
- Etc.

10. PUBLICATIONS

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 on the technology. Please, do not include any of your previous publications unrelated to the project that you are describing in this proposal.

1.	
2.	
3.	
4.	
5.	

11. CHARTS (optional)

Please upload as an 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.