

Berlin Institute of Health at Charité (BIH)

BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2025

External Team Member Form

(Project cooperation partner of an academic institution or government-funded hospital;
not consultant or service provider to the project)

Table of Contents

Section A: Signature Page

Section B: External Team Member Form

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

External Team Member 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 of External Team Member:	
Please check all that apply (mandatory):	<input type="checkbox"/> I confirm that I am an employee of the institution(s) named above.
	<input type="checkbox"/> 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).
	<input type="checkbox"/> 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:	

BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2025

External Team Member Form, Section B: Application Form

Structure of Application Form:

1. External Team Member Information
2. Intellectual Property
3. Funding and Partnerships

1. EXTERNAL TEAM MEMBER INFORMATION

1.1. External Team Member Details

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

2. INTELLECTUAL PROPERTY

2.1. Development Partners (max. 500 characters)

Please name your 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.

2.2. Invention Disclosure(s)

Has your project team filed invention disclosure(s) regarding this project/its technology with the technology transfer office of your institution?

No

Contact person(s):

TTO file number(s):

Yes: _____

2.3. Patent Application(s)/Granted Patent(s)

Regarding this project/its core technology, please list any **current patent application(s)** that you have applied for with the technology transfer of your institution **and/or granted patents** that you hold, either via current employer, via previous employer(s), or privately.

2.4. Input Data (max. 500 characters)

Please describe what **input data, if any, you have contributed to the project or plan to contribute to the project**, and any known restrictions for commercial use (e.g., industry-sponsored studies, third party funding).

3. FUNDING AND PARTNERSHIPS

3.1. Other Funding (max. 500 characters)

Please list any **funding related to the project including its data and technologies** that you **have received, are receiving, have applied for or are planning to apply for**. This includes funding by BMBF, BMWK, DFG, EIT Health, EU, foundations, industry, and others.