Medical Technologies IKC

Industrial Partnership Proof of Concept Award

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| Expression of Interest Form | | |
| **Project Title:** |  | |
| **Lead Academic(s):** |  | |
| **Contact Details** | **E-mail:** | **Phone:** |
| **Industry Partner:** |  | |
| **Contact Details** | **E-mail:** | **Phone:** |
| **Technology Transfer Office Contact:** |  | |
| **Contact Details** | **E-mail:** | **Phone:** |
| **Aims and objectives of proposed POC project :** (200 words max) | | |
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| **Define the project outputs and deliverables** (link to commercial applications):(200 words max) | | |
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| **Project scope** (include clinical need, proposed solution & benefit):(200 words max) | | |
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| **Describe the underpinning background research which has been completed that supports your technology and indicates it is ready for POC funding** (include any proof of scientific principle work and references to key directly related publications authored by the applicants) | | |
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| **Define the value proposition of the project to the industry partner** | | |
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| **Define how the industry partner contributes to the project** | | |
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| **Alignment with Funding Scope:** (please indicate where the project fits with IKC funding scope) | | | |
| **Directly implanted regenerative devices** | **Enabling technologies for regenerative device development** | **Companion technologies for regenerative device development** | **Implantable medical devices with enhanced /regenerative function** |
| **Briefly highlight why this project is relevant to IKC and what value add you seek from the IKC** (100 words max)**:** | | | |
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| **Commercial Opportunity** (to be completed in collaboration with your Industry Partner and reviewed by your Technology Transfer/Enterprise Office) |
| **Intellectual Property:** Is this project predicated upon the new intellectual property generated in your host organisation, if so how? Please provide details of patent filings. (100 words max) |
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| **Market Intelligence:** Please provide market opportunity information supporting the commercial potential of your project/technology.  (100 words max) |
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| **Route to Commercialisation:** Please provide information on how the project/technology will progress to commercial and clinical impact, e.g. what are the next stages in development, likely additional development partner required, timescales to reach the market. (100 words max) |
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| **Role of the Industrial Partner in Commercialisation:** Please indicate how the industrial partner will take the technology development to commercialisation. ( 100 words max) |
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| **Technology Readiness Level (TRL)** | | | | | | | |
| **1-2** | **3** | **4** | **5-6** | **7-8** | **9** | | **10** |
| Clinical need defined & knowledge created | Solution Generation | Investment Validation | Development & Validation | Clearance & Clinical | Outputs | Outcomes | Post Launch Market Support |
| Define clinical need/relevance  Develop/refine solution IP | Generation of Prototypes  IP  Preliminary Value Proposition  Risk Assessment | Market Research  FTO searches  Pilot Studies | Design Control  Regulatory  Capability | Market support data  Supply Chain Reimbursement considerations  Capability  Clinical | Regulatory Approval  Closure & Evaluation Metrics  Feedback | Launch SOP | Product Support data  White Paper  Product Recall Support |
| **TRL:** Based on current activities, please indicate **“C”** for which TRL your technology is currently at, and  **“P”** forthe TRL the project expects to progress to & indicate appropriate dates that these might be achieved by: | | | | | | | |
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| **Project Partner Profile** | |
| **Industry Partner(s):** |  |
| **Academic Partner(s):** |  |
| **Clinical Partner(s):** |  |
| **Other Resources Secured to Date from Partners:** |  |

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| **Amount of POC Funding Requested** | |
| **Funding Requested:** |  |
| **Anticipated Start Date:** |  |
| **Project Length:** |  |

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| **Contact Details** | |
| **Medical Technologies Innovation Knowledge Centre** | |
| Dr Jennifer Spear  Technology Innovation Manager  j.spear@leeds.ac.uk | Dr Graeme Howling  Technology Innovation Manager  g.howling@leeds.ac.uk |

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| Expression of Interest call opens | 12th September 2016 |
| Call Briefing (Leeds) | 12th October 2016 |
| Expression of Interest proposals submission deadline - wave 1 | 5pm 30th November, 2016 |
| Expression of Interest proposals submission deadline - wave 2 | 5pm 31st January, 2017 |
| Expression of Interest proposals submission deadline - wave 3 | 5pm 31st March, 2017 |
| First Full Application Review panel meeting | (tbc) end March 2017 |
| Second Full Application Review panel meeting | (tbc) end June 2017 |
| Final Full Application Review panel meeting | (tbc) end Sept 2017 |
| Applicants informed of outcome | 1 week after panel review meeting |

**Submit EOIs to:** [**med-tech@leeds.ac.uk**](mailto:med-tech@leeds.ac.uk)