MIME Invent Support Program - Full Application Form

Please download and complete all sections of this form, and forward the completed form to andrew.carey@monash.edu

Do not complete and submit this form until directed by a member of the MIME management team, after first submitting an EOI form and further consultation with the MIME team

LEAD APPLICANT DETAILS

Applicant and team information: Either paste in the content from your EOI, or you have the option to revise and update it here.

Project title	
Name (include title, first name, surname)	
Affiliation (Monash faculty and department, and if relevant, Health Service and department)	
Position/role	
Email address	
Phone number	
MedTech focus area (highlight as many as relevant)	Medical Devices Therapeutics and Drug Delivery Manufacturing and Regulatory Regenerative Medicine and Stem Cell Technologies Imaging and Diagnostic Tools Surgical and Clinical Tools Digital Health and AI Health service management and administration Other (state here):
Gender (highlight selection)	Female Male Non-binary I prefer not to say Other (state here):

ADDITIONAL TEAM MEMBER DETAILS

Additional team member 1	
Name (include title, first name, surname)	
Affiliation (Monash faculty and department, health Service and department, or otherwise)	
Position/role	
Email address	
Role in this project	

Additional team member 2	
Name (include title, first name, surname)	
Affiliation (Monash faculty and department, health Service and department, or otherwise)	
Position/role	
Email address	
Role in this project	

(copy and paste further tables as necessary)

PLEASE COMPLETE THE FOLLOWING APPLICATION SECTIONS, WHICH CANNOT EXCEED 4 PAGES INCLUDING TABLES USING THE EXISTING FONT AND SIZE.

1. **Please provide a brief, non-confidential lay summary of the project.**
   This summary may be shared with potential industry collaborators and funders.

2. **Describe the problem you are addressing - cut/paste from your EOI form, or feel free to update here.**

Please cover:

- Target clinician and why they would use it
- Target patient population
- Who would be responsible for purchasing the product and why they would buy it

3. **Describe the solution - cut/paste from your EOI form, or feel free to update here.**

Please cover:

- What the eventual product looks like
- How it solves the problem/fits into the workflow
- How far along you are and how long you've worked on this
- Any scientific evidence (brief description only, does not need to be extensive)

4. **What is your long-term goal for this project, what role do you expect to play in any future licensing, spinout, or startup activity, (e.g. leading, supporting, handing over)?**

5. **Why is your team uniquely placed for this opportunity?**

6. Who/what are your competitors? Please use the following table to include any products, procedures or otherwise, which are currently used to partially or wholly solve the problem in question.			
	Competitor (Name, Description, Links)	**What stage are they at? (On-the-market, research, etc.)**	**How is your solution better?**
1			
2			
3			
4			
5			

7. Please detail the specific aim, milestone and budget this funding request will support.	
Aim (what do you plan to do)	
Methods used (how will you do it)	
Milestone (what is the target outcome/achievement)	
Timeline (how long will it take)	
Budget Align the milestone to budget requirements. Be specific - a detailed, itemised budget is not required, but list what funding will be spent on and where/to whom.	

8. Commercialisation Strategy: Please fill out the following table.	
Regulatory Strategy	**Which regulatory body do you intend to file with first?** (Bold one: TGA, FDA, CE Mark) **What is the regulatory classification of your product?** (e.g. FDA Class I/II/III)
IP Strategy	**What existing IP do you currently have and what new IP do you anticipate** (be brief, specific, and name owners of existing/background IP)**?** **Have you submitted an Innovation Disclosure to Monash Innovation?** **Have you completed a preliminary freedom-to-operate (FTO) assessment?**
Business Strategy	**What is your business model?** (Select from: Disposables, Reusables, Implants, Capital Equipment, Services, Over the Counter, Prescriptions, Subscriptions, Other - please specify). **What is your intended price point?** **What is the size of the patient population that could realistically use this product? Please include your rationale/key assumptions.**
Reimbursement Strategy	**Does reimbursement already exist in your intended market/region? If so, what is the reimbursement code?**