



NEXT GREAT IDEA

Idea Name:

Guide to completing
Idea Description form

Source of the Idea & Inventor Details

Sample Director, Dr. Jane Smith

Title, Name:

Department of Sample, Sample Hospital, Sample Road, Zip Code

Address:

sampleemail@generic.com

000-000-000 0

Email:

Colorectal, Bariatric, Radiologist, Nurse, etc.

Contact Number:

Sample Hospital

Inventor Clinical Specialty:

Hospital/Institute:

General Surgeon specializing in colorectal surgery

Inventor Background:

Answer yes or no, then identify by name

Are there any other parties, promoters, business partners involved?

Describe where the funding has come from, for example: Government Grant, Hospital

Has any funding, such as grant or investment, been secured for this idea? If so, please name the source(s):

Bursary, Industry sponsored, etc.

Patent number, Title, Domain, fellow inventors, assignee, grant application, etc.

Has your idea been patented (*freedom to operate*)? If so, please provide details:

www.samplewebsite.com

janesmith@samplewebsite.com

Individual/Company Website:

Lead Contact email:

00/00/0000

Word of mouth, internet, through the institution, etc.

Date idea disclosed to i360Medical

How did you hear about i360Medical

Overview of the Idea

Describe clearly the issue to be addressed. The proposed idea to address the issue. The

What is the idea?

method and/or technology that the idea uses to address the issue.

Describe the clinical circumstances of use and disease/condition it is intended to treat/diagnose

Intended Use

Clinical Specialty of the idea: (Mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> General Hospital | <input type="checkbox"/> Orthopedic |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hematology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Immunology | <input type="checkbox"/> Physical Medicine |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Ear, Nose, and Throat | <input type="checkbox"/> Neurology | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Gastroenterology and Urology | <input type="checkbox"/> Obstetrical and Gynecological | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> General and Plastic Surgery | <input type="checkbox"/> Ophthalmic | |

Describe what the proposed idea could be used for and list the most relevant

End-user (clinician, surgeon, nurse, home use - patient or carer)

professionals or specialty.

Include for all patients suffering from the conditions or symptoms.

Intended Patient(s)

Where and in what situation is it used? *(The inventor should mark all that apply)*

- Hospital Operating Room GP Clinic Primary Care Centre At Home

What does it look like? *(The inventor provide diagrams. Hand-drawn sketches acceptable.)*

Is the solution: *The inventor marks one.* Single-use (disposable) Reusable Reusable (partly disposable)

Include details on how this idea came about

How did you come up with the idea or what inspired it?

Attach copies or links of any publications relevant to the idea.

Please list the titles and dates of any publications relevant to the idea made by you or other parties, including presentations at conferences, publications on websites etc. Please attach copies of/links to publications if possible.

Hand sketches or diagrams assist with communication and understanding of the proposed idea if it is submitted with idea description.

Detail of the Unmet Clinical Need

Describe the unmet need or problem that the proposed idea will solve.

What unmet need or problem does the idea propose to address/solve?

Explain the difference in proposed solution from existing solutions.

What are the novel features of your idea compared to existing solutions?

Identify healthcare professionals and patient cohort that will benefit from idea.

Who does it propose to help?

Explain the advantages of your idea versus existing ideas (if one exists).

What are the specific advantages of your idea compared to existing solutions?

In this section the inventor will elaborate on how the idea will solve a problem, how it compares others like it on the market, and who it will benefit.

Clinical, Technical and Market Need

State clinical need, why it arises and how idea will address it.

Do you think there is a clinical need for this idea? Why?

Elaborate on the clinical need and why the market needs this device.

Do you think there is a need or a place in the market for this idea? Why?

List existing products/devices currently available that address the issue.

Is there an alternative to your idea currently available?

List publications/patents discussing the clinical unmet need.

Are you aware of any (i) publications or (ii) patented ideas that describe something similar to your idea. Reference www.google.com/patents

How will the device be made if known?

Do you think the idea is technically feasible? Why?

Confirm perceived proposed ease of use of the proposed device/solution/idea.

Is the idea easy to use/intuitive or does it require special training/expertise?

If there are existing products, give the cost price or proposed price point for the proposed idea.

What price would you be willing to pay for this idea if it were on the market?

Describe any assistance that inventor is requesting from i360Medical

What assistance do you need from i360Medical?

Give any additional details that is relevant.

Any other comments

Dr. Jane Smith

Form completed by

00/00/0000

Date completed



Inventor signature(s)

Here the inventor will answer questions about what the need is for their idea, how it will be made, how easy it is to use, etc.