



Idea Description Form

Doc #:	7.3FRM.5-00
CCR #:	
Effective date:	

Idea Name: Next great Idea	For i360medical Use
	Project Number: Click here to enter text.
Source of the idea & Inventor Details	
Title, Name: Dr XXXXX XXXXX	
Address: Dept of XXXXX, XXXX Hospital, Hospital Road, Hospital Zip code	
Email: XXXXXXXX@hospital.com	
Contact Number: +1 XXXX XXX XXXX	
Inventor Clinical Specialty: Colorectal, Bariatric, Interventional Radiologist, Cardiologist, Nurse etc.	
Hospital/Institute: XXXXXXXX Hopsital	
Inventor Background: General Surgeon specializing in colorectal surgery	
Are there any other parties, promoters, business partners involved? Yes or NO and identify same	
Has any funding, such as grant or investment, been secured for this idea? If so, please name the source(s): Described where the funding has come from Government Grant, Hospital Bursary, Industry Sponsored (for Example)	
Has your idea been patented (freedom to operate)? If so, please provide details: Patent number, Title, Domain, fellow inventors, assignee, grant application etc.	
Individual/Company Website: If there is a company established include details, website, office address, year established etc. If there is no company answer NONE	
Lead Contact email: XXXXXXXX@mail.com	
Date idea disclosed to i360medical: XX/XX/XXXX	
How did you hear about i360medical? Word of mouth, Internet, through the institution etc.	
Overview of the Idea	
What is the idea? Include a brief outline of the idea here. Describe clearly the issue to be address. The proposed idea to address the issue. The method/technology that the idea uses to address the issue.	
Intended Use (clinical circumstances of use, disease or condition it is intended to treat/diagnose):	

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For example:	
Clinical Specialty of the idea: Tick all that apply	
Anesthesiology <input type="checkbox"/>	Microbiology <input type="checkbox"/>
Cardiovascular <input type="checkbox"/>	Neurology <input type="checkbox"/>
Chemistry <input type="checkbox"/>	Obstetrical and Gynecological <input type="checkbox"/>
Dental <input type="checkbox"/>	Ophthalmic <input type="checkbox"/>
Ear, Nose, and Throat <input type="checkbox"/>	Orthopedic <input type="checkbox"/>
Gastroenterology and Urology <input type="checkbox"/>	Pathology <input type="checkbox"/>
General and Plastic Surgery <input type="checkbox"/>	Physical Medicine <input type="checkbox"/>
General Hospital <input type="checkbox"/>	Radiology <input type="checkbox"/>
Hematology <input type="checkbox"/>	Toxicology <input type="checkbox"/>
Immunology <input type="checkbox"/>	Other <input type="checkbox"/>
End-user (<i>clinician, surgeon, nurse, home use - patient or carer</i>): Proposed idea could be used for example Surgeon , Nurse most relevant professionals to be listed.	
Intended Patient(s): Include for all patients suffering from the identified conditions/symptoms.	
Where and in what situation is it used? Tick all that apply	
Hospital <input type="checkbox"/> Operating Room <input type="checkbox"/> GP Clinic <input type="checkbox"/> Primary Care Centre <input type="checkbox"/> At Home <input type="checkbox"/>	
What does it look like? <i>Please provide diagrams. Hand-drawn sketches acceptable.</i>	
Hand sketches or diagrams assist with communication\ understanding of the proposed idea. If submitted with idea description	
The inventor ticks the appropriate box below while considering if the proposed solution will be Disposable, Reusable or Resposable.	
Single-use (disposable) <input type="checkbox"/> or Reusable <input type="checkbox"/> or Resposable (partly disposable) <input type="checkbox"/>	
How did you come up with the idea or what inspired it?	
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. <i>Please attach copies of/links to publications if possible</i>	

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Detail of the Unmet Need	
What unmet need or problem does the idea propose to address/solve? Describe the unmet need or problem that the proposed idea will solve	
What are the novel features of your idea compared to existing solutions? What is different about the proposed solution compared to existing solutions	
Who does it propose to help? Identify the healthcare professionals that the proposed solution will assist and the patient cohort that will also benefit.	
What are the specific advantages of your idea compared to existing solutions? If there are existing solutions list them and indicate how the proposed solution has additional advantages.	
Clinical, Technical and Market Need	
Do you think there is a clinical need for this idea? Why? State the clinical need, why it arises and how the proposed solution addresses that need.	
Do you think there is a need or a place in the market for this idea? Why? Question is asked to elaborate on the clinical need and why the market needs this device idea.	
Is there an alternative to your idea currently available? List any existing products or devices currently available that address the identified issue.	
Are you aware of any (i) publications or (ii) patented ideas that describe something similar to your idea? Reference www.google.com/patents . List any publications or patents that the inventor is aware of discussing the identified clinical unmet need.	
Do you think the idea is technically feasible? Why? How will the device be made if known?	
Is the idea easy to use/intuitive or does it require special training/expertise? Confirm perceived proposed ease of use of the proposed device/solution idea.	
What price would you be willing to pay for this idea if it were on the market? If there are existing products what is the cost price or proposed price point for the proposed idea.	
What assistance do you need from i360medical? Describe any assistance that inventor is requesting from i360medical	
Any other comments:	



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Form completed by:	Date completed:
Inventor signature(s)/Date:	

CONFIDENTIAL



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First review	Date:	Attendees:
	Potential: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	
	Notes:	
	Outcome: No go <input type="checkbox"/> Go <input type="checkbox"/> More information needed <input type="checkbox"/> CTM <input type="checkbox"/> Direct to project <input type="checkbox"/>	
	Decision rationale:	
Second Review	Date:	Attendees:
	Potential: High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>	
	Notes:	
	Outcome: No go <input type="checkbox"/> Go <input type="checkbox"/> More information needed <input type="checkbox"/> CTM <input type="checkbox"/> Direct to project <input type="checkbox"/>	
	Decision rationale:	
Investigation	Patents:	
	Market:	
	Existing Solutions:	
	Clinical:	
	Opinion Provider Names/Clinical Specialty:	
	Notes:	
Conclusion	Intellectual Property:	
	Concept and Design:	
	Market including Clinical Need:	
	Conclusion and Recommendations:	
	Notes:	
	Feedback to inventor: Face-to-face <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Date of feedback:	