## IMPERIAL COLLEGE INVENTION DISCLOSURE FORM V1.6

**(to be recorded by relevant Faculty’s INDUSTRY PARTNERSHIPS AND COMMERCIALISATION Team)**

*Message from your IPC Team:*

*The Industry Partnerships and Commercialisation (IPC) team have developed a user guide enabling you, whether you are an early career or an experienced enterprising researcher, to have an overall view of the process leading to working with industry and the commercialisation of your inventions. Before you disclose your invention we encourage you to browse the* [*Guide*](https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/enterprise-office/internal/IPC-Guide_version-1.2_November-2020-(Protected).pdf)*, particularly if you want read about types of IP, the commercialisation process from invention disclosure to licensing, patent timeline and other forms of IP such as Copyright, Software, Knowhow etc.*

*Thank you for taking the time to fill this invention disclosure. Following receipt, we will assign an IP Case number and reach out for discussion. You are always welcome to contact your Faculty IPC team prior to making a disclosure to discuss the process and help you understand what IDF might be appropriate.*

*In the case of patentable inventions, we will aim to make a decision on whether we will be pursuing patent protection for your invention within three months from disclosure. The IPC team will be working with you, as inventors, during this process as well as your Departmental Champions, your Associate Dean Enterprise and our network of external* pro bono *Imperial Technology Experts Service (ITES). But we cannot do this alone, You, the inventors, are the ones at the heart of it. As such, it is important that your team is available during this process and that you help us by providing all necessary information at every step in a timely manner.*

*We are excited to receive this disclosure and are thrilled to be working with you to maximize impact of your invention. We will be in touch shortly.*

*Your IPC Team.*

**QUICK GUIDE TO COMPLETING THE FORM:**

Your invention may have both patentable and software related aspects to it. In addition to assessing patentability, it is also important to capture further information for medtech related inventions at the disclosure stage. Hence, there are three sections to the form.

**Complete all parts relevant to your invention**

**PART A:** **INVENTION.** If you have an invention, which you think may be patentable, please complete [PART A](#A).

**PART B:** **SOFTWARE.** If you have written software code, please complete [PART B](#B).

**PART C:** **MEDTECH**. If your invention and / or software is medtech related, please provide additional information in [PART C](#C).

### PART A: INVENTION

(Please attach further documents or technical papers as required)

**IP CASE NUMBER: XXXX (To be added by IPC Team)**

**TITLE OF DISCLOSURE:**

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| **Mandatory Field** |

**KEYWORDS (up to 10):**

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**INVENTOR/IP GENERATOR(S): Lead inventor/IP generator first**

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**RESEARCH ACADEMIC GROUP LEADER(S): Please include email address**

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**FACULTY/FACULTIES:**

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**DEPARTMENT(S):**

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**DISCLOSURE DATE**:

**Mandatory Field**

**Is this linked to any other IP cases?** Please provide relevant IP case number(s) if already assigned.

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**This form is designed to capture the initial details of inventions made at Imperial College London. Information provided will be used to assess the patentability of the invention and commercial potential of your invention.**

***FoE disclosures: It is recommended that you discuss your invention or idea with your Enterprise Champion, your IPC Engineering focal point and/or the Associate Dean Enterprise.***

[*Click here for details of the IPC teams.*](https://www.imperial.ac.uk/enterprise/about/meet-the-enterprise-team/industry-partnerships-and-commercialisation/)

**For further information about the patenting process and the timeline for patent protection, please view page 16 of the** [**Guide to commercialisation and IPC**](https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/enterprise-office/internal/IPC-Guide_version-1.2_November-2020-(Protected).pdf)**.**

A.1 Technology

1. What problems can it solve?

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1. How does it work (in lay terms)?

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1. How is it unique? To be patentable, inventive steps (i.e., non-obvious steps which are crucial in obtaining the benefits of the invention) must be clearly shown. Please highlight any such inventive steps here.

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1. What does the invention do over and above existing technologies?

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| For example, how much time/cost it saves, what impact it generates, etc. |

A.2 Commercial Potential

* 1. Who might be interested commercially in the technology and why? Please elaborate on any contacts and discussions you might have had with prospective licensees.

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* 1. Do you have any thoughts on whether it would be best as a startup company or licence deal?

For inventors, if you are considering startup as the route to commercialisation, please make sure you complete section A.4.Please note that it is rare for an existing medical device company to licence an early-stage technology with no clinical trial data.

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* 1. If you are thinking of forming a startup company to develop and exploit the invention, what is the motivation and is there a clear lead within team?

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* 1. Competition – can you identify your competitors and their technology? What differentiates your idea?

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* 1. Do you have thoughts on how money might be made from your invention (e.g. Selling physical product, Licensing production, Selling/licensing software, Support services, etc).

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* 1. Have you discussed the ideas with anyone internal to College (e.g. department academic enterprise champion, associate dean for enterprise, IPC staff)? All such discussions with Imperial College staff are automatically covered by confidentiality agreements. If so, what was the outcome of the discussions?

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* 1. Have you discussed the ideas with anyone external to College and were they covered by confidentiality agreement? What was the outcome of the discussions?

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* 1. Please list any previous or anticipated disclosure of information that could be of relevance to the invention (i.e., any transfer of information to companies or individuals other than Imperial colleagues not imparted under a confidentiality agreement).

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* 1. Please list any papers, conference abstract and/or presentations and proceedings, presentations to companies related to your invention which are not under confidentiality etc. with dates and full references where appropriate.

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* 1. Are there any sectors or geographical regions in which you would NOT want to see your invention applied?

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A.3 Development Status

1. Can you estimate the stage of development or technology readiness level (TRL) of your invention (**For further information about the TRL, please go to page 30 of the** [**Guide to commercialisation and IPC**,](https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/enterprise-office/internal/IPC-Guide_version-1.2_November-2020-(Protected).pdf)

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1. Is further work needed before the technology of your invention can be demonstrated to potential customers?
   1. How long would it take to get to this stage?
   2. Is funding in place?
   3. If not, are there plans to raise funds?

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1. Is further research work going on in the area by the inventor(s) team(s) and is it likely to lead to technology enhancements? On what timescale is this likely?

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1. Does the commercialisation of your invention require any regulatory authorisation (e.g. clinical trial, CE marking, etc.)? Or anything else.

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A.4 Startup

If you are not considering a startup, please skip to section [A5](#A5).

Questions to be answered in the case of a startup company as a promising commercialisation route.

Please complete the questions below if a startup company is being considered as best route to impact. Please answer in 1-2 pages or 5-10 slides. A full business plan is not needed at this stage but it will eventually be required. A template is available from your IPC team.

Essential questions

1. What is the market(s) addressed by your invention (i.e. which burning problem solved) and how large is it?

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1. What is the eventual product/service (or family of products) resulting from your invention as you see it being packaged and delivered, in marketing/non-technical terms?

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1. Why is this eventual product/service different/unique, and what competitors would it displace/be up against?

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1. Who would buy it, and what would be the price range or modality and why?

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1. Will you be developing additional IP coming into the startup? Knowhow? Software?

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**Other issues you will need to think about before formation**

1. How would customers buy your product/service - one-off sale, on annual licence or other model? Stand alone or as a component? Any other elements needed from 3rd parties?

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1. What feasibility studies have been completed, how many are underway and with which companies (list of contacts)? Are these companies demanding a follow up?

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1. What else is necessary to “productise” it? What resources are needed, including time (hint: take your more pessimistic estimate and multiply by 3-4)? If medical device, then identify the clinical trials required.

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1. Who is going to work in the company and what is their expertise? Will they be full time? Are they committed to being with the company in the longer term (assuming funding)?

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1. What commercial expertise do you have in the team? Do you have a credible company chair and/or CEO?

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1. Will the company require investment, or could it be bootstrapped?

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1. Can you estimate the scale of the investment required?

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### A.5 INVENTOR DETAILS

**Dates of inventive period** (i.e. when the IP was conceived and developed).

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| --- | --- | --- | --- |
| From: | Click to enter a date. | To: | Click to enter a date. |

**INVENTOR(S)**

Please list **all** inventors, both Imperial and external:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Nationality\***  ***In the case of dual nationality, list down both nationalities.*** | **% inventive or IP contribution** | **The country where the inventor was present during the inventive period\*\*** | **Company or affiliation (if not College) during the inventive period** |
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| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
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| **Total:** |  | **100%** |  |  |

*\*This information is needed to determine in which country a priority patent filing will need to be made. For example, inventors who are Greek nationals will need to file a priority application in Greece.*

*\*\*This information is needed to determine in which country a priority patent filing will need to be made or if there is the need to request a foreign filing license. For example, if an inventor was physically present in the U.S.A. whilst creating the invention, there is the need to first file in the U.S.A. or obtain a foreign filing license from the U.S. Patent and Trade Mark Office before filing elsewhere.*

# *For more information on international applications and national security considerations, please visit this link:* [*International applications and national security considerations (wipo.int)*](https://www.wipo.int/pct/en/texts/nat_sec.html)

*Under UK law, the inventors are 'the actual devisers of the invention'. This refers to those who had the original idea, specified and, in some cases, executed the subsequent research. This does not include skilled technical assistance, except where an associate followed a path of their own, maybe against instruction or conventional teaching, and subsequently produced data in support of the patent application. In the latter case, it would be difficult to exclude such data. Second, there is little legal room for choice in the matter of inventorship. Contributions must be justifiable, and this does not include superiors in the organisation who have provided advice, encouragement, finance or facilitating role. You may wish to recognise contributions of technical assistants, provisions of reagents and departmental seniority, but this does not constitute inventorship for the purposes of a patent.*

*Failing to have the correct inventors listed on a patent can be grounds for invalidation of the patent, therefore please ensure that all who have had an inventive contribution to the invention are listed. Someone who just carried out experiments under direction would not be considered an inventor.*

*Please note that the % inventive contribution is not definitive at this stage and will be finalised at due diligence stage.*

Is this technology eligible for female-lead inventor (“WE Invent”) patent funding? Yes/No

**Details of HR Status during the inventive period**

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| **Division and Faculty (or company / affiliation if you were not an Imperial employee for a period of time)** | **HR status**  **(e.g. employee,**  **visiting researcher, Emeritus Professor, student)** | **Funding source for employment**  **(cost centre and account code)** | **Dates** | |
| **Start:** | **End:** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Start Date. | End Date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Start Date. | End Date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Start Date. | End Date. |

### A.6 Details of Research Funding and ENCUMBRANCES

I acknowledge that the following sources funded the research from which the IP has arisen:

*(NB: if none are relevant, please write N/A)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source**  **(cost centre and account code)** | **Principal Investigator** | **Funder** | **Title of Grant / Research Contract** |
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Details of Materials Transfer and other Agreements:

Please give (i) details of any agreements that have been executed which may give rise to restrictions on the commercial use of inventions arising, e.g., relating to materials or software provided under a transfer or licensed from a third party; and (ii) details of any rights to the invention that arise through industrial or third-party support of the research that led to the invention, if not already listed above.

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**PART B: SOFTWARE**

**TITLE OF SOFTWARE:**

**IP CASE NUMBER: XXXX (To be added by IPC Team)**

**KEYWORDS (up to 10):**

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| **Mandatory Field** |

**INVENTOR/IP GENERATOR(S): Lead inventor/IP generator first**

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| **Mandatory Field** |

**RESEARCH ACADEMIC GROUP LEADER(S): Please include email address**

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| **Mandatory Field** |

**FACULTY/FACULTIES:**

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| **Mandatory Field** |

**DEPARTMENT(S):**

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|  | Click to enter a date. |

**DISCLOSURE DATE**:

**Mandatory Field**

**Please summarise the software below:**

(Please attach further papers as required)

**Is this linked to any other IP cases?** Please provide relevant related IP case number(s) if already assigned.

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**B.1 Technology**

Please tick as many as applicable

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| **Type of software:** | | | | | | | |
| **Standalone Software** | ☐ | **Module/plug-in algorithm** | ☐ | **Database** | ☐ | **Library** | ☐ |
| **Game** | ☐ | **Application** in Appstore | ☐ | **API (application programming interface)** | ☐ | **Other (including Github repository)** | ☐ |

Programming Languages used (e.g., Python, C++, C#, Fortran):

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Is the language you have used ready for commercial application in its current form? Yes/No

1. How does it work (in lay terms)?

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1. What and why is this a better software when compared to other existing solutions?

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1. Does it make use of a database or require a database to operate? Is this an external database?

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1. Please detail what is proprietary about the software. Is the IP of the software just in the coding or does it incorporate other IP (e.g. novel/inventive algorithm)?

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1. Does it use/integrate into other non-proprietary software to function? For example:
   * does it use another commercial code (which the customer will have to license)?
   * is it called by another commercial code?
   * does it use library code, which might impose licence conditions/agreements/costs?

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If so, please complete section B.4 c on additional software elements and what licences they are provided under.

**B.2 Commercial Potential**

1. If commercially licensing (distinct from open-source licensing) of the software is viable, what licence type would be suitable in your view? e.g.

☐ Source code licence (selling of source code written by inventors only and not including third party dependencies)

☐ Software licence (in executable format) with single proprietary licence

☐ Software licence (in executable format) with multi-licence if external libraries use

Please complete section B.4 c on external dependencies to help determine suitable licence type.

1. If licensing software, which type of licensing model would be most suitable in your view:

☐ SaaS (yearly subscription, pay-per-use or one-off fee)

☐ Proprietary licence deal.

☐ Dual licencing model (e.g. Open source and commercial licence)

☐ API based subscription model

☐ Others (Please explain)

Please complete section B.4 c on external dependencies to help determine suitable licence type.

1. List preferred and alternate ways that your software can be deployed (e.g. as a desktop application, web application, SaaS, OS, embedded etc.)?

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**B.3 Development Status**

1. Is further work needed before the software can be demonstrated to potential customers (Minimum Viable Product, MVP)?

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| **Question** | **Your answer** |
| Development plan done (continuous, tweaks, maintenance, continually evolving)? |  |
| How long would it take to get to an MVP stage? |  |
| Is funding in place? |  |
| If not, are there plans to raise funds? |  |
| Can you estimate how much money will be required to produce a robust MVP? |  |

1. What is the status of:

|  |  |
| --- | --- |
| **Question** | **Your answer** |
| User documentation |  |
| User support structures/plans |  |
| Ongoing programmer development structures and support |  |
| Proper versioning |  |
| Bug tracking |  |
| Automatic testing |  |

1. Is further research work going on in the area and is it likely to lead to software enhancements? On what timescale is this likely?

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1. Any Clinical trial? Or anything else.

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**B.4 Ownership of software**

1. Please give details of components that you have written that are published in a repository –

subsidiary parts and/or core.

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| Name of component | Which repository is it published in? | Type of licence  (e.g. MIT, BSD, Apache, bespoke) | Core or subsidiary? |
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1. If you haven’t published any components, do you have any plans to do so or obligations

from funders and/or journals to publish open source?

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1. Please give details of any external open source libraries used in your

software and their licences.

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| --- | --- | --- | --- | --- | --- |
| Name of library or computing platform | Distributor’s url  (or Distributor) | Type of licence  (e.g. MIT, BSD, Apache, LGPL, bespoke) | Is it embedded directly or through dynamic links?  (Y/N) | Is the software code required to operate your software?  (Y/N) | Has the code been modified?  (Y/N) |
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1. Please provide details of companies that have been contracted to write the code based on

your idea/algorithm?

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1. **Ownership of Database**. Please give details of the data base and indicate what usage rights you have obtained.

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**B.5 IP GENERATOR DETAILS**

**Dates of creative period** (i.e. when the IP was conceived and developed).

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| From: | Click to enter a date. | To: | Click to enter a date. |

**IP GENERATOR(S)**

Please list **all** IP generators, both Imperial and external:

|  |  |  |
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| **Name** | **% inventive or IP contribution** | **Company or affiliation (if not College) during the inventive period** |
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| **Total:** | **100%** |  |

*In contrast to the situation described for inventions (in Part A), an individual’s contribution to non-patent IP is any contribution made by an individual to the generation of that IP (e.g. the generation of data for know-how or writing the software)*.

**Details of HR Status during the creative period**

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| --- | --- | --- | --- | --- |
| **Division and Faculty (or company / affiliation if you were not an Imperial employee for a period of time)** | **HR status**  **(e.g. employee,**  **visiting researcher, Emeritus Professor, student)** | **Funding source for employment**  **(cost centre and account code)** | **Dates** | |
| **Start:** | **End:** |
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**B.6  DETAILS OF RESEARCH FUNDING AND ENCUMBRANCES**

 I acknowledge that the following sources funded the research from which the IP has arisen:

*(NB: if none are relevant, please write N/A)*

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| --- | --- | --- | --- |
| **Funding Source**  **(cost centre and account code)** | **Principal Investigator** | **Funder** | **Title of Grant / Research Contract** |
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**PART C: PRODUCT DESCRIPTION FOR MEDTECH APPLICATIONS**

This section asks for more details on your product/service vision. Fill this in as much as you know at this point. All of this information will eventually need to be documented as part of deciding the pathway forward.

Guidance notes are shown in grey, please remove the guidance part when completing the document.

**C.1 Detailed technical description and applications of your product/**

**service**

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| **Item** | **Details** |
| 1. **Detailed technical description** | Continuing from part A.1b., describe your invention in enough detail so that another bioengineer could understand it and would know how to make it work. It is useful to be mindful of the format of patent claims in writing this description. Refer to Appendix 2. |
| 1. **What medtech applications do you envisage?** | List the potential applications |
| 1. **Are there potential applications areas foreseen outside of Biomedical?** | List the potential applications |

**C.2 Need statement / Product Description**

Duplicate this table and complete for each identified unmet need that you would like to target. Indicate here if you think this is a Platform Technology. Yes \_\_\_\_\_ No \_\_\_\_\_

| **Item** | **Details** |
| --- | --- |
| 1. **Need statement – Unmet need** | This should be a simple/clear statement, putting the product/technology in its context and focusing on key benefits, and specifying the unmet need.  For healthcare products, see Appendix 1. Need statement example:  “a way to address [problem] in [population] that [outcome].“ Example, “a way to reduce the incidence of urinary tract infections in ICU patients that reduces hospital stay.”  “Technology to reduce high blood pressure” is not sufficiently informative, “Technology to reduce blood pressure in patients who don’t respond to hypertension drugs” would be preferable. |
| 1. **What is the size of the problem?** | Search data for the specific countries/market you are targeting. For medical devices, it makes sense to consider the US as well as Europe/UK. Through internet searches, look for example for the number of people affected, the number of GP appointments, number of lost working days, cost to Health services, reimbursement (see Appendix 4), and/or other healthcare providers/stakeholders worldwide (e.g. private healthcare) as applicable, the cost to the customer and include the references you have found. |
| 1. **Describe the product(s)/application(s) you envisage in detail? How is it used?** | Describe the product as you envisage it or describe how the technology could be used in industry or in a clinical setting. Be specific. Sketches are ok.  For each product, describe how it is used, for example the introduction method as you envisage for a medical device. Justify why you think this would work.  Do you need to change existing pathways? |
| 1. **Who would use it and where?** | For example, “the implant device would be implanted by an orthopaedic surgeon in NHS hospital using a set of instruments provided. The implanted devices survivorship is expected to meet the gold standard (95% survivorship at 10 years)”. Or “the wearable device would be set up by a physiotherapist, at the initial appointment, and worn by the patients during daily exercises by the patient, for the course of rehab (e.g. 3 months)”.  . |
| 1. **What is the regulatory framework for the product?** | For healthcare products, describe the likely regulatory approach (e.g. PMA of 510(k), product type/class (note that a device may be regulated as a drug) if you know this. A discussion with a regulatory expert might be helpful.  <http://www.oxfordglobalguidance.com> and  <https://www.fda.gov/medical-devices/overview-device-regulation/classify-your-medical-device>  provide useful guidance. |
| 1. **What size is the market and what are its characteristics?** | Through internet searches, identify the market and its size. This section and the next are interlinked, so complete both in parallel.  A good example: <https://www.gminsights.com/industry-analysis/total-knee-replacement-market>.  For the US market, see Appendix 4 |
| 1. **Who is the competition, and how is your product/technology differentiated?** | Continuing from part C1d, quote product names and manufacturers. Use up-to-date data from recent internet searches. Explain how you are innovative and different (safer, more effective, faster, cheaper, more accurate, superior technology because). Report on current procedure/product costs (a NICE guidance search can be valuable for the UK market). The tables provided below can help guide a competitor’s review if differentiation is not clear. |
| 1. **What do you think customers would need to see/hear in order to change away from competitors or adopt a new technology/cost?** | What data do you think are required in order to demonstrate “better performance”? |
| 1. **Project Sponsor** | Have you got links/agreement in place with potential partners?  List any clinicians/users who really want this product and are guiding its specification.  List the companies who you think might be interested in the technology. |
| 1. **IP search** | Continuing from part C1d, and with reference to Appendix 2, describe any patent/research from other groups that may affect your ability to protect your invention or to commercialise it (i.e. similar technology).  Have you performed a patent search? Performing a patent search on Espacenet/Google patent search can be helpful. To do this, using one of those search engines, capture the search terms, exclusions, search limits and the number of hits at each step of your search. By careful selection of the search criteria, aim to reduce the results to a manageable number for review. Display the patent Figures in the search results, this will allow you to quickly discard results that are not relevant. List the patents you have found, those that you exclude and why, and for those that are relevant, list the inventors and assignee, and a summary of how your technology differs from what is described (as you understand it). |

**APPENDIX**

The information in this section provides a preview of what is required for assessing commercialisation route. All details might not be available at this stage however, as we move through the review gates during the patent prosecution, answers to these questions will be required.

**For further information about the patenting process and the timeline for patent protection, please see** [**pages 16-17 of the Guide to commercialisation and IPC**](https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/enterprise-office/internal/IPC-Guide_version-1.2_November-2020-(Protected).pdf)

**Appendix 1 – Identifying and validating medical needs**

<http://ebiodesign.org/chapter/needs-finding/>

https://www.nsf.gov/news/special\_reports/i-corps/

**Appendix 2 – Example: US MARKET OPPORTUNITY ESTIMATION**

Some initial guidance and suggestions.

Identify stakeholders. Bear in mind that the most influential decision makers for commercial device adoption are no longer clinical but reimbursement based. So, try to think through the perspective of:

* Patient/clinician
  + Does it save time?
  + Does it permit better outcomes (and when will these be seen – the sooner the better)?
  + Does it allow the treatment of a previously untreatable patient population?
  + Is the only device that promises to do this, or have they heard the same promises 10 times before?
  + What and who affect outcomes? Even in a procedure with relatively poor outcomes the device performance is likely to only be part of the story.
* Hospital/Reimbursement:
  + Why should they change? What evidence will they need to be persuaded that they should invest in change (hint: typically, this is a much higher hurdle than convincing surgeons!)
  + They are running a business. If a procedure adds cost or is not currently used, but becomes successful, what will happen to hospitals if it is widely adopted (“The InFuse Trap”)?
  + Is there any bundling (e.g. financial claw-back for Medicare if a procedure is deemed unsuccessful) for the procedure?

Key questions to ask:

* How would the device be reimbursed in the US Market?
* Look for the CPT codes – these define the reimbursement available for a procedure into which the cost of any device will have to fit.
* A good source of coding information is often product brochures (sometimes available online) from major manufacturers which are published to help healthcare professionals to code procedures. These can help if, for example, a top-up can be applied for a procedure when a certain device is used.
* Much US procedure volume data is available online for free – look at the CMS data (e.g. <https://data.medicare.gov/>) which can give a good starting point for market size.
* Google is your friend – but to establish price and revenue volume ideally you need multiple shots on goal.
* Look for healthcare economic data published in academic journals as these often contain reliable analyses of specific procedures and devices.
* What have other companies in the same space done in terms of revenue and market penetration rate?

Process:

* It’s much easier, and more credible, to develop a plan for a better mousetrap.
* Conversely, better mousetraps tend to be less interesting for investors.
* It is much more compelling to develop an analysis that addresses not just the total market for a device, but one that is segmented by competition and patient need, e.g.:
  + There are 1,000,000 procedure x per annum and current device ASP seems to be $10,000 per procedure – thus total market is $1bn! Sounds great!
  + But there are 5 competitors in the marketplace already, with 3 different technological approaches to the problem. You can only compete against company A and B, who have 5% and 10% of the total market respectively. They both have nationwide salesforces and have 20 other reasons (devices to sell) to the hospitals. This makes access hard and inefficient for you.
  + Of the $150m market your sales force can address, your technology can improve outcomes for only 10% of those patients – 80% do fine with currently available products and 10% would still not improve with your device.
  + Which makes the addressable market effectively $15m nationwide… and it’s inefficient to get to. Sounds less great.
* It’s OK to make assumptions where you don’t have data – but be clear about what they are and try to use them to get information from investors and clinicians about how good they are; often they will have heard multiple takes on the same procedure/device and will be comparing what you say to their experience.

Table 1: Review of Competitors

| **Device** | **Manufacturer** | **Image** | **Reference** | **Intended Use** | **Technology** | **Regulatory/CE mark claims** | **Costs** | **Notes /marketing claims/ on-going clinical trial/links** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Table 2: Competitors Feature comparison

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Device type I (e.g. xx) | Device type II (e.g. xx) | Device Type III (e.g. xx) | Do nothing |
| Feature 1 – provides pain relief |  |  |  |  |
| Feature 2 |  |  |  |  |
| Feature 3 |  |  |  |  |
| Feature 4 – Regulatory approvals |  |  |  |  |