

Boston Pediatric Device Consortium (BPDC)

Application - Company Overview

Company Application

Company Name *

Street Address

Apt/Suite/Office

City

State

Zip

Country

URL

Primary Contact Person(s)

Salutation *

Dr.
Prof.
Mr.
Ms.

First Name *

Last Name *

Professional Background (bio or LinkedIn link)

Email Address *

Phone Number

Are you, or any members of your team, an employee of Boston Children's Hospital?

☐ Yes

☐ No

Add Another

Please provide Boston Children's Hospital ID #

Leadership/Individual Innovators

sf contact source

Pediatric Device Consort

sf project source

Pediatric Device Consort

project year

2017

Other Team Members:

Please list any mentors, advisors, or team members working with you on the idea.

Salutation

First Name

Last Name

Dr.
Prof.
Mr.



Professional Background (bio or LinkedIn link)

Email

Phone Number

Institutional Affiliation(s) or Company Name

Relationship to project

Add Additional Team Member

Application Summary

Name of Device *

Please provide a short summary of your device innovation. (Please summarize all key elements of your application, including: device overview, target application and why your device is superior to existing solutions, team and company overview, commercialization strategy, stage in development and plans for award funding and partnerships) *

Please upload any drawings, sketches, or materials that help explain your idea.

*Optional. **Do not upload protected patient information.***

Browse...

Define Problem, Solution, & Impact

Pain Point: Please describe the problem you are trying to solve with this device. *(Describe the population impacted, the unmet need your pediatric medical device will meet, and note why a solution either hasn't been developed or is insufficient)*

Solution: What is your solution to the problem? What is the impact of your device?

Users: Who is the intended user of this device? Please define market size.

Purchaser: Who will pay for this device? (providers, patients, families, clinicians, customers, etc.)

Current/Competitive Solutions: How is this problem currently solved? Are there other organizations or competitors trying to solve the problem? Which organizations complement your solution (potential sales, development or research partners)?

Benchmarks: Please list any comparable products, software, or devices in a similar category that we could use as benchmarks for evaluating the market opportunity for your idea.

Commercial: What is your business model (reimbursement, manufacturing, direct sale, license, partner, etc.)?

Commercial: How do you intend to commercialize the technology?

Award Use

How will this funding and support advance the progress of your device? How would you use BPDC funding?

Are you specifically interested in working with any of our Challenge partners? *(check all that apply, and read more about Strategic Partners [here](#)) **

- ☐ Boston Scientific
- ☐ Cryolife
- ☐ Edwards Lifesciences
- ☐ HealthAdvances
- ☐ Johnson & Johnson
- ☐ Smithwise
- ☐ Ximedica
- ☐ None of the Above

How would you intend to work with this Challenge partner?

What funding has this device received to date? Please list amount and source.

Device Information

Is this medical device regulated by the FDA?

- ☐ Yes
- ☐ No

What is the device classification?

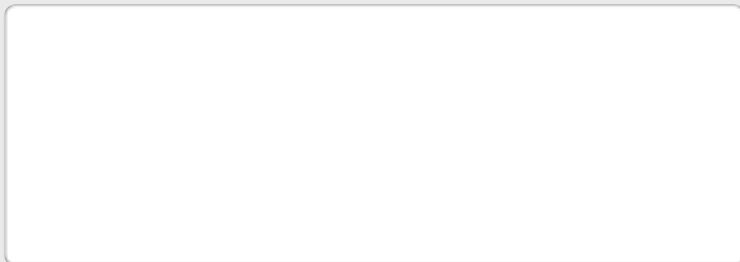
- ☐ Class I
- ☐ Class II
- ☐ Class III

Summarize the regulatory pathway. (If this includes a 510(k) submission, what are your predicate devices?)

A large, empty rectangular text box with rounded corners, intended for summarizing the regulatory pathway.

Supporting Materials

How is this device applicable to pediatrics?

A large, empty rectangular text box with rounded corners, intended for describing the device's applicability to pediatrics.

Do you have defensible IP?

- ☐ Yes
- ☐ No

Please describe your defensible IP.

Please list any relevant publications or research (yours or others) that supports your idea.

Optional.

How did you learn about this grant opportunity? *

Device Details & Partner Interest

Has this project been assisted by any other Pediatric Device Consortia?

☐ Yes

☐ No

Please list the names of Pediatric Device Consortiums that have supported your device.

Reference 1

First Name

Last Name

Email Address

Reference 2

First Name

Last Name

Email Address

Reference 3

First Name

Last Name

Email Address

Reference 4

First Name

Last Name

Email Address

Reference 5

First Name

Last Name

Email Address