

Massachusetts Clinical Innovation Gateway

Partnership Request Form

Thank you for your interest in pursuing a partnership with a Massachusetts academic medical center. To help determine the best way to respond to your interest, we ask that you complete this short form. The non-confidential information provided will be reviewed by representatives from participating Massachusetts academic medical centers*.

Section 1 - Contact Information

Name of Organization

Address:

Contact Name

Title

Email address

Telephone number

Section 2 - Type of Organization

Government/Public Sector

Briefly describe your organization

Private non-profit

Briefly describe your organization

Private for-profit

Briefly describe your company's business and technology

Year founded

Company size (FTEs)

Business Type

- Health care IT/apps
- Life Science tools
- Equipment
- Consulting
- Investor
- Clinical Research Organization
- Other

Products – Please check appropriate box(es) below, no more than two.

- | | |
|---|--|
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Nanotechnology |
| <input type="checkbox"/> Chemical synthesis | <input type="checkbox"/> Natural product |
| <input type="checkbox"/> Chemistry Technology | <input type="checkbox"/> Proteomics |
| <input type="checkbox"/> Marine Biology | <input type="checkbox"/> Regenerative medicine |
| <input type="checkbox"/> Diagnostics | <input type="checkbox"/> RNA interference |
| <input type="checkbox"/> Bio-generics | <input type="checkbox"/> Biotechnology |
| <input type="checkbox"/> Drug delivery | <input type="checkbox"/> Stem cell research |
| <input type="checkbox"/> Drug discovery | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Image analysis | <input type="checkbox"/> Veterinary science |
| <input type="checkbox"/> Nucleic acids research | <input type="checkbox"/> Other |
| <input type="checkbox"/> Medical device | |

Section 3 - Type of Inquiry

- Meeting Request
- Specific proposal for partnership (skip to Section 3b)

Section 3a – Meeting Request

What is your organization's goal in meeting with a Massachusetts Academic Medical Center(s)?

Are there specific medical centers with which you want to meet? (if so, please list) Please cite Pediatric or Adult products/services

Are there specific people you want to meet? (if so, please name and medical center)

What are the **key topics or questions** that you want to address in the meeting? (Please limit responses to top three)

Section 3b – Partnership Inquiry

Please use no more than five sentences to describe the project/partnership you wish to develop (e.g., early feasibility studies, sponsored research, joint development, access to key opinion leaders or consultants, clinical trials, beta test for a device, etc.)

Stage of development (please check one that best describes your stage of product development:

- Clinical Trials - Phase Laboratory
- R&D Prototype
- Product Commercialized
- Clinical Trials - Phase 0
- Clinical Trials – Phase I
- Clinical Trials – Phase II
- Clinical Trials – Phase III
- Clinical Trials – Phase IV
- Regulatory Approval
- Other

Will your company have any sponsor funding or available resources to support the partnership that you are seeking?

- Yes
- No

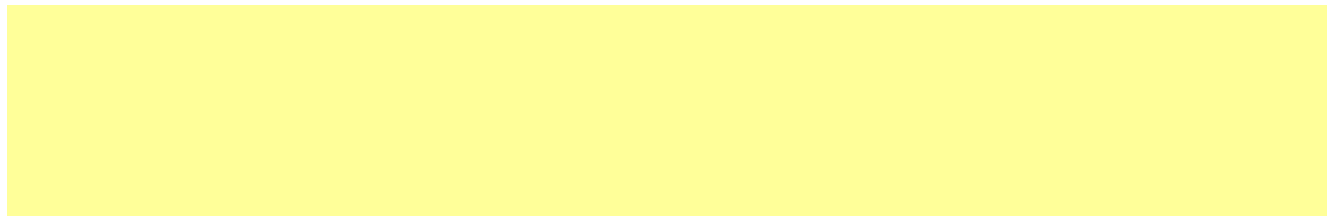
Will scientists or business representatives from your company participate in the meeting with the medical center?

- Yes
- No

If yes, name(s), title, department

Are there specific medical centers with which you want to meet? (IF YES, Which institution/s?) Please cite Pediatric or Adult products/services

Are there specific people you want to meet? IF YES, Who? (Name, Department and Medical Center)



Have you already contacted any other medical centers in Massachusetts regarding partnerships? If so, please list.



Thank you! Your information will be reviewed by representatives from Massachusetts academic medical centers, who will follow-up directly within 60 days. If you do not receive a follow-up within 60 days, it means that representatives have determined that there is no likely fit.

*** Participating Massachusetts Academic Medical Centers**

- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Boston Medical Center
- Brigham and Women's Faulkner Hospital
- Brigham and Women's Hospital
- Cambridge Health Alliance
- Carney Hospital
- Dana-Farber Cancer Institute
- Lahey Hospital and Medical Center
- Massachusetts Eye and Ear Infirmary
- Massachusetts General Hospital
- St. Elizabeth's Medical Center
- Tufts Medical Center
- UMass Memorial Medical Center
- VA Boston Healthcare