PIPH Collaborate | Innovate Challenge

Submission Form

Teams must be made up of two or more partnering organizations. The primary entrant must be a non-profit patient, provider or professional association (501(c)3, 501(c)4 or 501(c)6), partnering with one or more of the following: another non-profit patient, provider or professional association (501(c)3, 501(c)4, or 501(c)6), and/or an academic institution. A multidisciplinary approach is highly encouraged. All team members must be legally based in the U.S.

| TEAM INFORMATION |
|---|
| Primary Contact:* |
| Email Address:* |
| Organization Name:* |
| Organization Website:* |
| Employer Identification Number (EIN)*: |
| The Primary Contact for each entry MUST be a non-profit patient, provider or professional organization (certified 501c3, 501c4, 501c6). |
| State:* |
| Secondary Contact:* |
| Email Address:* |
| Organization Name:* |
| Organization Website:* |
| Employer Identification Number (EIN): |
| (If applicable) |
| |

| State: |
|---------------------------------------|
| Third Contact: |
| Email Address: |
| Organization Name: |
| Organization Website: |
| Employer Identification Number (EIN): |
| (If applicable) |
| State: |
| Fourth Contact: |
| Email Address: |
| Organization Name: |
| Organization Website: |
| Employer Identification Number (EIN): |
| (If applicable) |
| Sixth Contact: |
| Email Address: |
| Organization Name: |
| Organization Website: |
| Employer Identification Number (EIN): |
| (If applicable) |
| State: |

Describe your team. Highlight how your skill sets and experiences are complementary, and how your collaboration is unique.* [250 words max]

Has your team collaborated before? Share any references to collaborations and their resulting outcomes from your team. If you have not collaborated before as a team, describe how you intend to collaborate now. Be specific.* [250 words max]

Collaborate | Innovate provides the winning team with access to resources that are valuable beyond the prize money. Why should your team be the winner?* [250 words max]

The following two questions are for information purposes only. Your submission or recognition in any previous competition or challenge will not influence your outcome in this challenge.

Have you submitted this concept to other competitions or challenges?*

No

Yes (Please list below)

Have you been awarded or received public recognition for this concept?*

No

Yes (Please list below)

CONCEPT INFORMATION

Concept name:*

Concept Headline:* (one-sentence "elevator pitch")*: [15 words max]

Concept description (Be sure to include information on target audience, intended impact, timeline to execute, way to sustain, and measure of success. If applicable, your description should also cover the methodology and the means by which patient input will impact specific stages of research and development.):*

[250 words max]

Concept Maturity:*

Idea

Prototype

Beta Publicly available

Please select one of the options above.

Which of the following criteria does your concept fulfill toward innovation in research and development? Please check all that apply.*

Provides a direct path for patients to influence discovery or preclinical stages of research.

Supports the process where research insight developed in the lab may be put into practice at a patient or population level.

Influences collaborative protocol development across patient advocacy organizations, the public, and industry to drive mutual benefit.

Influences policies and processes, as well as timing and methods of interaction with patients during the R&D; process, including clinical trials.

Increases value for participants, as well as increases efficiencies in the R&D process.

Please select one of the option above.

How do your team's shared patient insights, resources, professional experiences, and/or methodologies inform and strengthen this concept? Describe how your collaboration makes something possible that could not be manifested if your organizations worked separately.* [250 words max]

How is your concept different from other initiatives that drive collaboration with the patient in the R&D process? What is unique about your concept?* [250 words max]

How do your concept goals drive toward proof of concept? How do you envision your concept growing and evolving over time? Where do you see your concept in one year's time? In five years?* [250 words max]

CONCEPT VISUAL:*

Please upload a visual articulation that describes your concept (for example: a diagram, screenshot, wireframe, schematic, flow chart). Name your file in the following way without spaces or extra characters: Team "X" visual wireframe jpeg = "team_x_wireframe.jpg" [2 MB max]

SUBMISSION CHECKLIST

I have completed all of the required fields in this submission form.*

I understand that if I am selected as a finalist, I am required to participate in the Virtual Accelerator commencing March 24, 2014, and present my concept at the Finalist Event in New York on [April 23 or 24].*

I understand that if I am selected as the winner, I am required to participate in a one-year follow-up session to report on progress.*

I have read and understand the Rules and Terms & Conditions, and fully agree to them.*