# SHIP Catalyst Challenge Initial Contact Form

# *SBRI Open Innovation Catalyst Challenge: Title*

Challenge Open: Date

Challenge Closes: Date

Deadline for initial contact with Test Bed: Date

|  |  |
| --- | --- |
| **Application Title:** |  |
| **Company / Collaboration Name:** |  |
| **Name and Role of Lead Contact:** |  |
| **Email Address:** |  |
| **Contact Number:** |  |
| **Website link:** |  |

**Please return this completed form to:**

**North of Scotland Test Bed****:** [gram.nosinnovationtestbed@nhs.scot](mailto:gram.nosinnovationtestbed@nhs.scot)

**West of Scotland Test Bed****:** [innovation@ggc.scot.nhs.uk](mailto:innovation@ggc.scot.nhs.uk)

**Health Innovation** **South East Scotland:** [Innovations@nhslothian.scot.nhs.uk](mailto:Innovations@nhslothian.scot.nhs.uk)

|  | **Answer** | **Test Bed comments** |
| --- | --- | --- |
| **Maturity of your proposed solution.** | | |
| In relation to the Technology Readiness Level (TRL) chart (see below) – where does your idea / solution currently sit? |  |  |
| For solutions at an advanced prototype stage, please provide evidence of certification of the appropriate EN or ISO standard or plans to achieve this must be provided. |  |  |
| **Please give a brief description of the suggested project.** | | |
| **Word limit 100 words** |  |  |
| **Which of the following challenge areas do you intend to address?** Please include detail of priority area, population or technology. | | |
| *To be completed with challenge areas/ themes.* |  |  |
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| **Phase 1: Technical Feasibility Study** | | |
| Please provide a summary of the research / investigations to gain new knowledge for which you will require support in the Phase 1 Feasibility Study.  This should cover:   * Demonstrating the technical feasibility of your proposed innovation * Establishing collaboration between technical and clinical members of the project team * Formalising any required ethical approvals, data sharing agreements /contracts. * Access to clinical data. |  |  |
| **Phase 2: Prototype development and Evaluation** | | |
| If successful in Phase 1, please provide a summary of what further development, prototyping, demonstrating, piloting, testing and validation of the solution you will require support in environments representative of real-life operating conditions. |  |  |
| **Other Collaboration Partners** | | |
| Please set out other collaboration partners who will be involved in Phase 1 and what this contribution will be. |  |  |
| **Additional Comments** | | |
| Please provide any additional comments that you would like us to take account of, and in particular, what you see as the benefits to patients, staff and NHS Scotland from the adoption of your planned solution.  In terms of benefits this can include but not be limited to:   * Improving patient self-management aligned to improved patient benefits. * Improving the effectiveness, and quality of care provided, * Reducing waiting times. * Delivering cost savings |  |  |