

BIOMEDICAL ZONE ENTRANCE APPLICATION

1. GENERAL INFORMATION

Date: _____

Company Name: _____

2. THE TEAM

A. TEAM MEMBERS

Please clarify the following areas in the table below:

- Founders and key management team who will reside in the Biomedical Zone
- Critical skill set each member brings into the Zone
- How many employees are in the company: _____FT; _____PT
- Are any team members experienced entrepreneurs? If so, please clarify in space below.

NAME				
ROLE				
DEGREE				
EXPERTISE				
PHONE				

Are you affiliated with Ryerson University or St. Michael's Hospital (Y/N)? ____
If yes, please state which institution and briefly describe your affiliation.

Comment here:



B. ZONE PRESENCE

Who from your team will be coming into the Zone on a regular basis? Please note that each individual will need to register with Ryerson University CEDZ 100 curriculum. Please provide name, role/position, phone, and email.

NB: We can reasonably accommodate teams of up to 3-4 individuals per team on site.

NAME			
ROLE			
CONTACT EMAIL			

C. MENTORSHIP/ADVISORS

Do you have a mentor or supervisor you have worked closely with and/or co-developed the inventions/innovation with? (Y/N) _____

If yes, please clarify name, role/position, profession, phone, and email.

NAME	PROFESSION	PHONE	EMAIL

If yes, please describe their involvement with your company.

Additional Comments:

COMPANY NAME: _____

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- Is this the right team to bring the company to success? Why or why not?
- Is the leadership team composed of driven, coachable, collaborative people with expertise in the necessary domains? Why or why not?
- Additional Comments?

3. COMPANY REGISTRATION

- Is your venture a registered business entity? (Y/N) _____
- If yes, what is the registered company name and number?
- If no, what are your plans for company registration?

Additional Comments:

COMPANY NAME: _____

4. MILESTONES AND LENGTH OF RESIDENCY

a. In an ideal world, for what length of time (in months) would you and your company wish to reside in the Biomedical Zone?

Please note: This does not guarantee you that length of stay, as companies are evaluated at the end of each term and extensions are granted each term.

b. In an itemized fashion, please clearly specify the target company goals you wish to achieve if you were accepted into the Biomedical Zone. Please approach this question with four (4) month intervals in mind. Pay particular attention to the goals you would want to achieve within each four- month block in chronological order.

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Please comment on the milestones and timelines. Are they realistic? What would be potential risks to achieving them?

COMPANY NAME: _____

5. WHAT PROBLEM ARE YOU SOLVING?

The Biomedical Zone strongly considers companies and technology that clearly address an area of significant clinical need and can demonstrate how they will impact this area.

Important proof points include, but are not limited to, insight on health economics such as impact on cost, utilization, and/or outcomes.

In this section:

- Identify the clinical/medical/healthcare problem you are attempting to solve
- Why you have chosen to focus on this area from a strategic standpoint. What is the health economic argument for your technology? Who will buy for it and why? Who will use it and why?

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- How is this technology demonstrative of needs-based innovation?
- In what ways does the company address at least one of the following: cost, utilization, outcomes?
- Additional comments?

COMPANY NAME: _____

6. TECHNOLOGY

Provide a brief description of your product/service/technology.

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Is the technology clearly articulated? Please comment on the technology.

COMPANY NAME: _____

7. GO-TO-MARKET STRATEGY

A. MARKET OPPORTUNITY

- Please describe the potential market for your technology (including size, maturity, micro and macro factors affecting the market). Be as specific as possible.
- What are the market drivers and barriers?
- Who are your existing and/or future paying customers, end users, and other important stakeholders?
- Clearly articulate the reimbursement strategy and pathway for your top 3 markets.
- What is a reasonable expectation of your projected 3-year market share?
- How long will it take to penetrate the market?
- Who will be the early adopters? How will you engage them?
- Describe your plan to validate your technology in your top 3 markets.

COMPANY NAME: _____

B. WHAT IS YOUR VALUE PROPOSITION?

c. COMPETITIVE ANALYSIS

- Who are your main competitors in your top 3 markets?
- What is each competitors share and competitive advantage?
- What are the competitive technologies that exist (alternative or similar products)? What are their limitations?
- What are the barriers to entry and does your company have the collective resource and power to overcome said barriers?

d. RISKS

Identify technical/legal/regulatory/adoption hurdles that must be addressed to bring the technology to market and how they will be addressed.

COMPANY NAME:

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Please comment on the market opportunity, drivers and barriers. What is your level of confidence with which the company describes the market?

Please comment on validation strategy, the competitive landscape and the perceived strengths, weaknesses, and competitive advantage of the company.

- Are their value propositions and competitive advantages clear?
- Are the risks clearly identified with a strategy sufficient such that to overcome them? Why or why not?
- Additional Comments?

8. IP/PRIVACY

- Do you have proprietary intellectual property?
- Have patents been filed granted, or acquired? Please clarify the type, jurisdiction, stage of filed patents.

COMPANY NAME:

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Please comment on the strength of the intellectual property within the company and amongst the founders.

9. REGULATORY

Briefly describe the regulatory pathway for your technology (in your top 3 markets), your strategy to achieve the regulatory plan, and post-marketing compliance.

COMPANY NAME:

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- Is the regulatory pathway clearly articulated? Why or why not?
- Additional Comments?

10. REIMBURSEMENT/REVENUE MODEL

A. REVENUE MODEL

In your top 3 markets:

- What is your revenue model? How will you make money?
- What is the likeliest route or scenario by which the technology can achieve commercial viability?
Product or Service model?
- What will it cost to enter the market (scale-up, manufacturing costs)?
- What is your reimbursement strategy (coverage, coding, payment)?

COMPANY NAME:

B. FINANCIALS

- What were your revenues and expenses for the last fiscal year (indicate dates of your fiscal year)?
- How have you financed your company so far? Amounts? Sources (e.g. Angels, grants, etc.)?
- Are you currently seeking financing?
- If you are raising, what amount and what type of runway will this provide?
- What is your monthly burn rate?
- What are your growth projections for the next three years?

C. EXIT

- What are some possible exit strategies? (e.g. IPO, trade sale, merger, etc.)
- Which companies would be most likely to acquire you?
- Projected timeline for exit?

COMPANY NAME:

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- Does the company have a feasible model for commercial viability? Why or why not?
- Have they clearly articulated cost to entering the market? Why or why not?
- Is their reimbursement strategy clearly articulated? Why or why not?
- Is the exit strategy realistic? Why or why not?

11. REFERENCES

Please provide 3 (three) references. Acceptable examples of references include, but are not limited to, professional contacts such as business mentors, key opinion leaders, and innovation/entrepreneurial organizations with which you have had significant contact that Biomedical Zone can contact to confirm the information provided in this document.

NAME	PROFESSIONAL APPOINTMENT	DOMAIN EXPERTISE	PHONE	EMAIL

COMPANY NAME:

12. DOCUMENTS TO UPLOAD

a. Business Plan

If you have a lean business canvas, please include.

b. Executive Summary

c. Company Presentation/Investment Pitch

d. Insurance

As part of your acceptance to the zone, you must be a registered company with a minimum insurance coverage of \$2 million. Please upload a copy of your insurance papers.

If your company does not yet have insurance, please contact biomedicalzone@gmail.com.

e. Invention Disclosure

We require that you provide evidence of freedom to operate (intellectual property) and that there is agreement from our home institution(s)/sponsoring body. Please upload your invention disclosure here (if applicable).

f. Privacy Policy

Every company that handles personal and/or healthcare data is required to have and adhere to a company privacy policy. Please upload your policy.

Additional Comments:

COMPANY NAME:

FOR INTERNAL USE ONLY: OVERALL EVALUATION

- Would you recommend acceptance or decline of this candidate company for entrance to the Biomedical Zone? Why or why not?
- Given your expertise in this area, do you believe that this company will be successful? Why or why not?
- What do you find compelling and interesting about this company?
- What challenges and risks do you think they might face?
- Additional Comments?

COMPANY NAME: