

## GRH External Technology and Innovation Intake Form

This form is intended for companies and/or other external entities looking to trial or obtain feedback on their technology used in a health care setting. Please complete this form providing as much detail as possible. GRH Intake will not result in an official endorsement of any product or guarantee any support, partnership or purchase. The ideas expressed in this request will be kept confidential.

<b>Date:</b>		
<b>Contact Information</b>		
<b>Name</b>	<b>Position</b>	<b>Email Address / Phone Number</b>
If you have previous contact with the Glenrose, please indicate who you contacted:		
<b>Organizational Information</b>		
<b>Name of Technology/Systems</b>		
<b>Company</b>		
<b>Type of Organization</b>	<input type="checkbox"/> Small-Medium Enterprise <input type="checkbox"/> Multi-National Enterprise <input type="checkbox"/> Non-Profit <input type="checkbox"/> Student Group	
<b>City/Province/Country</b>		
<b>Website Address</b>		
<b>Description of Technology or Solution</b>		
<b>Population/Target Audience: Who is your solution for?</b>	<b>Problem Definition: What are you trying to solve?</b>	
<b>How does your technology or solution help with the problem presented above?</b>		
<b>Technology Readiness Level</b>		
<input type="checkbox"/> TRL 1-3: Basic Principles, Concepts Developed, Experimental Proof-of-Concept <input type="checkbox"/> TRL 4-5: Component Validation in Lab Environment or Relevant Environment <input type="checkbox"/> TRL 6: System Validation in Relevant Environment <input type="checkbox"/> TRL 7: System prototype in operational environment <input type="checkbox"/> TRL 8: Actual technology qualified through demonstrations <input type="checkbox"/> TRL 9: Proven in operational environment/Commercialized		
<b>Current State of Solution</b>		
Are you working with other partners for development or evaluation?	<input type="checkbox"/> Yes. If yes, with who? <input type="checkbox"/> No	

Have you trialed or demonstrated this product with other partners?	<input type="checkbox"/> Yes. If yes, with who? <input type="checkbox"/> No				
What is your target market (eg: health systems, clinics, consumers)					
Is this intended to be a medical device?	<input type="checkbox"/> Yes. If yes, what class do you expect:				
Are your products already on the market?	<input type="checkbox"/> Yes. If yes, where can I find it: <input type="checkbox"/> No				
Do you have sales for this product?	<input type="checkbox"/> Yes. If yes, at what volume: <input type="checkbox"/> No				
What is the business model around your product?	<input type="checkbox"/> Purchase: How much to buy one unit: <input type="checkbox"/> Subscription: How much monthly: <input type="checkbox"/> Other:				
<b>Additional solution Details</b>					
Indications for use/ Use Population					
Contraindications for use					
Infrastructure/Space/Equipment Requirements for Solution					
Risks and Potential Adverse Effects					
Regulatory Approvals:	CSA:	<input type="checkbox"/> Complete	<input type="checkbox"/> In-Progress	<input type="checkbox"/> Not Started	<input type="checkbox"/> Not Applicable
	Health Canada:	<input type="checkbox"/> Complete	<input type="checkbox"/> In-Progress	<input type="checkbox"/> Not Started	<input type="checkbox"/> Not Applicable
	FDA:	<input type="checkbox"/> Complete	<input type="checkbox"/> In-Progress	<input type="checkbox"/> Not Started	<input type="checkbox"/> Not Applicable
	CE Mark:	<input type="checkbox"/> Complete	<input type="checkbox"/> In-Progress	<input type="checkbox"/> Not Started	<input type="checkbox"/> Not Applicable
<b>Request: What is the Ask for Our Team?</b>					
<input type="checkbox"/> Clinical/Technical Feedback <input type="checkbox"/> Connections to End-Users <input type="checkbox"/> In-Service or Demonstration <input type="checkbox"/> Letter of Support <input type="checkbox"/> Grant Support <input type="checkbox"/> Co-design or Partnership <input type="checkbox"/> Qualitative Evaluation <input type="checkbox"/> Clinical Trial <input type="checkbox"/> Adoption (Our team does not provide support for procurement into AHS)		<b>Describe:</b>			

Please complete this form electronically and submit it to [Kayla.StPierre@ahs.ca](mailto:Kayla.StPierre@ahs.ca). In the subject line of your email, please include "GRH Product Evaluation Request."

<b>For R&amp;I Use Only</b>	
<b>Date Received:</b>	<input type="checkbox"/> Mobility
<b>R&amp;I Staff Assigned for Follow-Up:</b>	<input type="checkbox"/> Home Health
<b>Deadline to Respond:</b>	<input type="checkbox"/> Other