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| Name of Innovation        | Date *(yyyy-Mon-dd)*        |
| **Requester Contact Information** *(complete if you are submitting on behalf of an innovator or are a distributor)*  |
| Last Name       | First Name       |
| Organization *(if AHS, Please Specify Zone)*        |
| Position/Title        | Department/Site       |
| Phone *(Business)*       | Phone *(Mobile)*       |
| Home Address       |
| Email Address       |
| Website       |
| Name of Innovator       | Are you a distributor? [ ]  No [ ]  Yes |
| **Innovator Contact Information** |
| Last Name       | First Name       |
| Organization *(if AHS, Please Specify Zone)*  |
| Is your Organization a Small-to-Medium Size Enterprise or a National/Multinational Enterprise?[ ]  Small-to-Medium Size Enterprise [ ]  National/Multinational Enterprise [ ]  Neither |
| Position/Title       | Department/Site       |
| Phone *(Business)*       | Phone *(Mobile)*       |
| Home Address       |
| Email Address       |
| Website       |
| **Referral Information** |
| Who you were referred by *(Choose One)*[ ]  The Health Accelerator[ ]  Government of Alberta[ ]  No referral[ ]  Other *(Please Specify)*:        |
| Have you contacted anyone within AHS already about your innovation?[ ]  No [ ]  Yes,Please provide a Name and Title:       |

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| **What is the innovation domain?** |
| *Choose One:*[ ]  Pharmaceuticals[ ]  Medical devices[ ]  Information Management/Information Technology[ ]  Diagnostics[ ]  Precision Medicine[ ]  Clinical process/model of care[ ]  Method of treatment/therapeutic approach[ ]  Other *(Please specify)*:       |
| **What is the intent of the innovation?** |
| *Choose One:*[ ]  Prevention[ ]  Diagnosis[ ]  Treatment [ ]  Rehabilitation[ ]  Operational Support[ ]  Other *(Please specify)*:       |
| **Is this Innovation/ or version of innovation currently being used in the Alberta health care system?** |
| *Choose One:*[ ]  No[ ]  Yes[ ]  Unknown Is there a current contract with AHS for a version of this product?*Choose ONE:*[ ]  No[ ]  Yes[ ]  Unknown |
| **In what stage of development is your innovation?** |
| *Choose One:*[ ]  Idea/Concept[ ]  Untested prototype *(no evidence about safety, efficacy, economic analysis etc.)*[ ]  Prototype – in Testing/ Trials[ ]  Tested Prototype *(evidence about safety, efficacy, economic analysis etc. exists)*[ ]  Commercially available[ ]  None of the above |
| **Is there/has there been funding to support the development/ use of the innovation?**  |
| [ ]  No [ ]  Yes**,** Please provide details *(amount and date received):*       |

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| **What Clinical or Service Area is the innovation aligned with?** |
| *Choose All that apply:*[ ]  SCN  [ ]  Addiction & Mental Health SCN [ ]  Kidney SCN  [ ]  Bone & Joint SCN [ ]  Maternal Newborn Child & Youth SCN  [ ]  Cancer SCN [ ]  Population Public & Indigenous Health SCN  [ ]  Cardiovascular Health & Stroke SCN [ ]  Respiratory Health SCN [ ]  Critical Care SCN [ ]  Seniors Health SCN [ ]  Diabetes Obesity & Nutrition SCN [ ]  Surgery SCN [ ]  Digestive Health SCN [ ]  Primary Health Care Integration Network SCN [ ]  Emergency SCN [ ]  Acute Care[ ]  Primary Care[ ]  Continuing Care[ ]  Home Care[ ]  Pharmacy /Pharmacology[ ]  Laboratory Services[ ]  Diagnostic Imaging [ ]  Infection Prevention & Control[ ]  Nutrition, Food, Linen & Environmental Services[ ]  People, Legal & Privacy *(eg: Human Resources, Workplace Health and Safety)*[ ]  Finance[ ]  Information Technology[ ]  Capital Management / Facilities Management[ ]  Other *(Please specify)*:       |
| **What are you asking for from AHS?** *(eg: referral, information, adoption, research, purchasing)* |
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| **Briefly describe the problem/ un-or under-met need AHS is facing that the innovation would address** |
|       |
| **To your knowledge, what, if any, other solutions exist to address the problem identified above** |
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| **Briefly describe the proposed innovation** |
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| **Does the innovation replace any existing technologies/ processes/ practices that could be discontinued if the innovation were to be adopted?***(Please explain)* |
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| **What are the benefits to the patients/ AHS of the innovation as compared to the status quo?** *(eg. Better outcomes, faster, more reliable, less costly, etc.)* |
|       |
| **Provide any publications that give evidence supporting the innovation** |
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| **Is there anything else you would like us to know?** |
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| The information collected on this form is used for the purposes of furthering your innovation through our innovation management processes. With your consent, this information may be shared with internal and external partners in order to identify opportunities for testing, development, feedback, and/or commercialization for your innovation.[ ]  I consent to sharing information about my innovation with internal and external business partners for the purposes of furthering my innovation through AHS’ innovation management processes. |
| Our preferred method of communication is by email and from time to time, we may include your email address in mail outs for other opportunities that may be of interest. Please indicate your consent to receive communications by checking the box below:[ ]  Please send me information and opportunities (such as hackathons, forums, idea competitions, .etc.) about innovation in Alberta |