Please provide only **non-confidential information** in all areas of this form

Please submit the filled form to inventions@venrizelifesciences.com

**Contact**

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| --- | --- |
| **Name** |  |
| **Email** |  |
| **Phone** |  |
| **University/Research Institute/Individual Researcher** |  |

**Project Information**

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| **Principle Investigator** |  |
| **Project Title** |  |
| **Summary of the project** *Is this a Therapeutic, Platform or Diagnostic project?* |  |
| **Target** *What is the drug target? Is this a new biological target or new strategy?* |  |
| **Drug candidate available?** *Yes/No. Please include information on the optimisation status* |  |
| **In vitro PoC available?** *Yes/No. Please provide details of the assays used. Is benchmarking data available? Is MoA known?* |  |
| **In vivo PoC available?** *Yes/No. Please provide details of the models used. Are these gold standard models? Is benchmarking data available?* |  |
| **Patent** *Yes/No. What is the priority dae? What territories are covered? Composition of matter or use claims?* |  |
| **Medical Need** *What is the proposed disease indication? How is the disease currently approached? What are the drawbacks?* |  |
| **Competition** *What are the main competitors, and which is their development status? What is the differentiation of this approach?* |  |
| **Overall market size** *What is the target population? Estimate patient population and value of overall market* |  |