**1stUBORA Design Competition**



*This project has received funding from the European Union’s Horizon 2020 research*

*and innovation programme under grant agreement No 731053*

****

**Second stage submission form**

Deadline: **July 25, 2017**

**General instructions**

* First of all, please choose a generic name for your technology. Please do not use the brand name, website, or company name in your answers, except where specifically requested. Please make sure that no brand names, company names, or company symbols are visible in the picture of your technology.
* To be considered, please fill out all fields. If not relevant to your technology, please state N/A. Fields which are not mandatory s are indicated with “\*”
* For questions requesting pictures, drawings, or evidence, please either provide references or attach the documents as separate items when submitting this form.
* Please return to us by email to [info@UBORA-biomedical.org](mailto:info@UBORA-biomedical.org)

1. the filled in .pdf file of this submission form;
2. any files containing pictures, videos, and blueprints of your devices;
3. if files’ size are over 4MB, please provide in the email the download link using your preferred provider (e.g. DropBox, GDrive, …)

|  |  |  |
| --- | --- | --- |
| **General Information** | | |
| 1. Project Title: |  | |
| 2. Consortium of origin (ABEC or UBORA): |  | |
| 3. Institution of origin: |  | |
| 4. Country of origin |  | |
| 5. Contact person: | First name: | Surname: |
| e-mail address: | |

|  |  |
| --- | --- |
| **A - Health technology details**  *Please use the* ***generic*** *name for your technology throughout this for. The generic name must not contain a brand or company name.* | |
| 1. Generic name |  |
| 2. Generic one-sentence description of technology |  |
| 3. GMDN code\* |  |

|  |
| --- |
| **B - Health problem addressed and target population** |
| 1. Summary of health problem  *Please provide a comprehensive summary of the maternal or child mortality health problem(s) that your technology aims to address, the scale of the problem(s) in the region(s) where it is intended for use, and the target population. This could include the number of people affected, an assessment of the quality of life of those affected, curability of the disease, etc. Include relevant statistical data and references where possible* ***(10-70 words)****.* |
| Reference(s): |
| If attachment included, please specify file name: |
|  |

|  |
| --- |
| **C - Health technology description and functionality** |
| 1. Description of proposed solution  *Please provide a concise technical explanation of the parts of your technology and the functional mechanism. If possible, please provide references to support your answer* ***(50-100 words)****.* |
| Reference(s): |
| If attachment included, please specify file name: |
|  |
| 2. Images, videos and blueprints of technology  *If relevant, please attach one to four high resolution pictures of the technology.* |
| File name of the image(s): |

|  |
| --- |
| **D**. **Operating steps** |
| 1. Operation of health technology  *Please provide a step-by-step explanation of the operation of your technology so that potential users can understand the level of difficulty of operating it* ***(10-70 words)****.* |

|  |
| --- |
| **E - Developer’s claims of technology benefits** |
| 1. Existing solutions (if any) and advantages of new technology  *Please provide a summary of existing state-of-the-art and/or currently commonly used technologies or methods (if any) that are available to address the target health problem(s) in the target region(s). Describe the shortcomings of the existing technologies and explain why your technology is an improvement over current best practice. This may include increased ease of use, less maintenance, better acceptability in a local context, reduced resource requirements, etc.* ***(10-70 words)****.* |
| Reference(s): |

|  |  |  |  |
| --- | --- | --- | --- |
| **F – User and environment** | | | |
| 1. Who is the intended user? | Self-use/patient  Physician  Technician | Nurse  Midwife  Family member | Other: |
| 2. Is training required in addition to the expected skill level of the intended user? | | | Yes / No |
| 3. If training is required, please describe who will deliver the training and the materials and time required for the training. |  | | |
| 4. Is any maintenance or calibration required by the user at the time of use? | | | Yes No |
| 5. Where will the technology be used? | Rural settings  Urban settings  Outdoors  Indoors | At home  Primary level (health post, health center)  Secondary level (general hospital)  Tertiary level (specialist hospital) | |
| 6. Ease of use  *Please provide a description of any testing that has been conducted to establish ease of use* ***(10-70 words)****.* | | | |
| Reference(s): | | | |
| If attachment included, please specify file name: | | | |
|  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **G - Health technology specifications** | | | | | |
| 1. Dimensions (mm3): | | mm x       mm x       mm | | | |
| 2. Weight (kg): | | kg | | | |
| 3. Does it require the use of consumables?  For example, disposable batteries, disposable electrodes, etc. | | Yes / No | | | |
| 4. If yes, please list the consumables: | |  | | | |
| 5. Estimated life time | | Days       Months       Years | | | |
| 6. Estimated shelf life | | Days       Months       Years | | | |
| 7. Can it have a telemedicine or eHealth application? | | Yes / No | | | |
| 8. Does it use any kind of software? | | Yes / No | | | |
| 9a. If yes, please describe the software, whether it is open source or proprietary, its use and/or license fee, etc. **(10-70 words).** | |  | | | |
| 9b. If yes, can the software be customized for local use? Please explain **(10-70 words)**. Include languages available. | |  | | | |
| 10. Is it portable? | | Installed and stationary  Mobile (e.g. between wards)  Portable (hand-held) | | | |
| 11. Type of use: | Single use Long term use Reusable Capital equipment | | | | |
| 12. Does the technology require maintenance? | No | | Yes  Please specify type and frequency:  Can it be done on-site / home / community? Yes No | | |
| 13. If yes, who should provide maintenance? | Self-user / Patient  Nurse / Physician | | | Engineer  Manufacturer | Technician  Other: |
| 14. Energy requirements | Mechanical energy (e.g. manually powered)  Batteries  Power supply for recharging (not yet developed)  If yes, voltage required:      V  time required to recharge:       hours       minutes  battery life with full charge:       hours       minutes  Continuous power supply  If yes, voltage required:      V  Solar power  If yes, time in sunlight required to charge:       hours       minutes  battery life with full charge:       hours       minutes  Other: | | | | |
| 15. Facility requirements | Clean water supply  Specific temperature and/or humidity range  If yes, please describe:  Clinical waste disposal facilities  If yes, please describe:  Radiation isolation  Gas supply  If yes, please describe:  Sterilization  If yes, please describe:  Access to the Internet  Access to a cellular phone network  Connection to a laptop/computer  Accessible by car  Additional sound / light control facilities  Other: | | | | |

|  |
| --- |
| **H – Regulatory status** |
| 1. Technical evaluation of technology  *Please provide relevant information on norms and standards related to your technology* ***(10-70 words)****.* |
| Reference(s): |
| If attachment included, please specify file name: |
|  |

|  |
| --- |
| **I - Future work and challenges** |
| *Please provide information on your strategy and foreseen challenges to making your technology available and accessible to your intended user group. The publication is intended to generate dialogue between readers and applicants to contribute to the success of the technologies* ***(50-100 words).*** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **J - Authors details** | | | |
| Author 1 | | | |
| Surname |  | First name: |  |
| Email address |  | | |
| Telephone number | (*Please include country code.)* | | |
| University |  | | |
| Consortium | UBORA – ABEC | | |
| University occupation | Bachelor student – Master Student | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Author 2 | | | |
| Surname |  | First name: |  |
| Email address |  | | |
| Telephone number | (*Please include country code.)* | | |
| University |  | | |
| Consortium | UBORA – ABEC | | |
| University occupation | Bachelor student – Master Student | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Author 3 | | | |
| Surname |  | First name: |  |
| Email address |  | | |
| Telephone number | (*Please include country code.)* | | |
| University |  | | |
| Consortium | UBORA – ABEC | | |
| University occupation | Bachelor student – Master Student | | |

(Please multiply for each author; additional authors can be inserted in the second stage)

|  |  |  |  |
| --- | --- | --- | --- |
| Mentor (if any) | | | |
| Surname |  | First name: |  |
| Email address |  | | |
| Telephone number | (*Please include country code.)* | | |
| University |  | | |
| Consortium | UBORA – ABEC | | |
| University occupation | PhD Student – Professor – Technicians – Clinician | | |

(Please multiply for each mentor; additional mentors can be inserted in the second stage)

|  |
| --- |
| **K - Additional information** |
| Please provide a brief overview of the competences in your team necessary to carry out the project (10-70 words) |