INNOVATION AT CMI  
CLINICAL CONCEPT QUESTIONNAIRE

PLEASE LIMIT RESPONSE TO THREE (3) PAGES MAXIMUM (Arial 11-point type)

Please complete the following form to submit your concept for consideration. (\* Required.)

**NAME, DEPARTMENTAL AFFILIATION AND CONTACT INFORMATION:\***

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**BRIEF PROJECT/IDEA TITLE:\***

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**DATE:\***

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**DESCRIPTION OF THE PROBLEM:**   
Describe the clinical problem or need and your new devices/services that may solve the problem. In what location does the problem occur (OR, ICU, ER, physician office, etc.)? If available, append a drawing, photo, or any other graphical materials that would clarify the problem for the non-physician.

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**POTENTIAL IDEAS FOR SOLVING THE PROBLEM:**   
Describe your ideas for a solution, device, or invention. Have you filed an invention disclosure on this or something similar? Has your idea been disclosed to the public (e.g., via publication or presentation)?

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**HOW IS THE PROBLEM ADDRESSED CURRENTLY?:**   
Are there any competitors in the field addressing similar problems or needs? What approaches have been tried that you are aware of? How do they differ from your proposed solution?

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**HOW IS YOUR APPROACH BETTER?:**   
Does your proposed solution improve upon the current state-of-the-art? If so, explain how.

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**TARGETED NEED:**What are the characteristics and magnitude of the target market (i.e., number of patients, incidence, and prevalence). Does the problem manifest itself differently in various locations (domestic, international)?

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**CLINICAL IMPACT:**   
How would patients benefit? What would be the impact on clinicians and the health care system in general?

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**WHAT IS YOUR NEED FOR ENGINEERING ASSISTANCE?**

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**HOW WOULD CMI GRANTS BE USED?**

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**OTHER BACKGROUND INFORMATION:**  
List any other helpful background information concerning the problem or need and possible solutions.   
(i.e., papers, articles, patents)

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**Clinical Department Chair or Division Head:\***

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**Note:** Please attach any additional supporting documents to the application.

I agree that the Chair and/or any department committee assembled by the Chair deem   
 the topic to be of important clinical significance.\*

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| *For Administrative Use Only* |