**Please provide only non-confidential information in all areas of this form that apply to your project.**

**Please submit the filled form to applications@danubeneuro.com**

Contact

|  |  |
| --- | --- |
| Name |  |
| Email |  |
| University/Research Institute |  |

Project Information

|  |  |
| --- | --- |
| Principle Investigator |  |
| Project Title |  |
| Summary of the project  *Is this a therapeutic, imaging platform, biomarker 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; route of delivery* |  |
| In vitro PoC available?  *Yes/No. Please provide the data available, along with details of the assays used. Is benchmarking data available? Is MoA known?* |  |
| In vivo PoC available?  *Yes/No. Please provide the data if available, along with details of the models used. Are these gold standard models? Is benchmarking data available?* |  |
| Patent  *Yes/No. What is the priority date? 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* |  |
| What are you looking for from DanubeNeuro?  *What are the next experimental steps in the project short term? Briefly, how do you envision this project developing long term, in an ideal case scenario?* |  |
| How did you hear about us? |  |