



A4M – Idea Submission Form

Name of Inventor_____

A4M Client Reference Number_____

Name of Idea you are submitting_____

Date_____

In what field of medicine is your idea applicable?

What problem in medicine are you trying to solve?

**Describe how your idea solves this problem
(Describe the unique aspects in detail)**

**How frequently would you use this device in your area of medicine?
(Number per week / month / year)**

What is used today (if anything) and why is it not acceptable?

Why is your idea better than what is available today?

What are the unique advantages of your idea?

Could this be used in other areas of medicine (describe)

Please tick “No” or add information

Question -	NO	YES
Is this idea patented		Patent Numbers:
Is there a patent application		Application Numbers:
Have you shared this idea in public (Congress, companies, individuals)		Details:
Do you share the rights to this idea with others (Individuals, businesses, hospitals, academic institutions, other)		Details:
Do you any detailed drawings, prototypes, animations, videos etc		Details:
Do you have any pre clinical or clinical experience with this idea		Details:

Signed _____

Date _____