**Global Health Innovation Accelerator / MEDDIC**

**Medical Devices and Diagnostics Technical Support**

**Application Form**

**All applications and supporting documents must be submitted to:** [**meddic@mrc.ac.za**](mailto:meddic@mrc.ac.za)

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| **SECTION 1: SAMRC Funded Project Information** |

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| **Principal Investigator** |  |
| **Institution / Organisation** |  |
| **Project Title** |  |
| **Co- Principal Investigators** |  |
| **Project Start Date** |  |
| **Project End Date** |  |
| **Date of current Submission** |  |
| **Total Approved Budget and Number of Years** |  |
| **Remaining Balance of Approved Budget** |  |

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| **SECTION 2: Project Summary** |

**2.1 Project Summary**

*(Please provide an overview of the project and the relevance and potential health impact of the product or service under development) – Maximum 1.5 pages.*

**2.2 Project Progress**

*(Please detail the progress and outputs achieved to date; the current stage of development/manufacturing/commercialization, including which objectives/aspects were funded through the SAMRC; and the additional steps and timeline required to progress to commercialization) - Maximum 1.5 pages.*

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| **SECTION 3: Technical Support Requirements** |

**3.1. Technical Support Requirements**

*(Please provide details of the type(s) of technical support/resources required to progress product development/manufacturing/commercialization)*

**3.2. Expected Outcomes**

*(Please indicate how long the support will be required for and the expected outcome and how this will progress the technology closer to the market)*

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| **SECTION 4: Budget** |

***4.1. Budget***

*(Please indicate the quoted cost for the service and upload the quotation; Please indicate how/why this service provider was selected)*

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| **SECTION 5: Certification by the Organization / Individual** |

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| **I hereby confirm that the information provided in this form is true, correct, and accurate and I understand and accept that the SAMRC reserves the right to reject any submissions that are based on false or inaccurate information.**  **I hereby agree to the use of any personal information provided in this form for processing and review of my application by the SAMRC.**   |  |  | | --- | --- | | **Signature of Principal Investigator** |  | | **Date of signature of PI** |  | | **Name of certifying official** |  | | **Designation of certifying official** |  | | **Signature of certifying official** |  | | **Date of certification** |  | |