**Innovation to Protect (I2P) Patent Support Scheme**

For NHIC Use only

NHIC-I2P-

**Application Form**

**GUIDELINES**

* Always use the **latest version** of I2P Application Form template.
* **All sections** of this form must be completed; indicate “NA” where not applicable.
* Refer to **Annex A** for the stages and quantum of the scheme application.
* The grace period to apply for retrospective NHIC I2P funding support is **2 months from the date of I2P application submission**.

**ELIGIBILITY REQUIREMENTS**

* Applicants for this scheme can be Head/Deputy Director/Director of designated offices listed below:

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| **Healthcare Cluster** | **Designated Office** |
| National Healthcare Group | NHG Group Research |
| NUHS | NUHS Research Office |
| SingHealth | SingHealth Office of Intellectual Property (SHIP) |

* One of the Inventors must hold a primary appointment in a **local public healthcare institution** and employed by the Institution.

**SUBMISSION DETAILS**

* The application must be fully endorsed and submitted electronically by the above **designated Healthcare Cluster Research/Innovation Offices**.
* The designated Healthcare Cluster Research/Innovation office shall **email** the following documents to I2P Grant Secretariat at ip@nhic.cris.sg with the **subject header** “**NHIC I2P\_Healthcare Cluster\_Institution”**.
1. Softcopy submission in **Word** and **Adobe PDF** format(with signatures).
* I2P Application Form [NHIC-I2P-FORM-1],
* Invention Disclosure Form [NHIC-I2P-FORM-2] or equivalent, and
* All **other relevant supporting documentation**.
* Applications may be rejected for the following reasons:
1. Incomplete application e.g. missing signatures; sections left blank, sections removed.
2. Obsolete application form.

**REVIEW TIMELINE**

* The designated NHIC Case Manager of the application may contact the designated Heathcare Cluster Research/Innovation Offices for more details of the technology and commercialization plan.
* The timeline from application submission to funding decision may takes up to 2 months. Kindly note that this process may take longer if we need to request further details.

**Important! Relevant privileged or confidential information should be disclosed to help convey a better understanding of the application. However, such information must be clearly marked in the application.**

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| 1. **APPLICANT DETAILS**
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| Name |  |
| Designation |  |
| Healthcare Cluster[[1]](#footnote-1) |  |
| Contact no. (Office) |  |
| Email |  |

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| --- | --- |
| Host Institution |  |
| Any pre-existing I2P application | [ ]  Yes, please specify I2P Application ID: and Filing Stage:[ ]  No  |
| Any awarded NHIC Grant Scheme  | [ ]  Yes, please specify Ref ID:[ ]  No  |
| Technology Category | [ ]  BioPharma (e.g. Therapeutics, BioTechnology, Biologics, etc)[ ]  MedTech (e.g. in vitro Diagnostics (IV), MedTech Devices, Health IT & Software, etc) |
| Medical Specialty***Refer to Annex B for reference.*** | Choose an item. If Others, please specify: |

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| 1. **IP INFORMATION**
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| Title of the Invention |  |
| Institution Reference No. (if any) |  |
| Filing Stage*Refer to Annex A for details on applicable funding quantum & duration for each stage.* | [ ]  Stage 1 – First Filing or Provisional Filing in ☐ Singapore ☐ Other countries (please specify):[ ]  Stage 2 – PCT Filing and Prosecution[ ]  Stage 3 – National Phase Entry / Prosecution / Grant Maintenance☐ New Application ☐ Extended Support  For Stage 3, specify up to two countries for patent filing under the I2P Patent Support Scheme. Please indicate the specific country under EPO.

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| Country 1  |  | Country 2 |  |

  |
| Lead party |  |
| Ownership | [ ]  Solely-owned[ ]  Jointly-owned (please specify sharing ratio below) |
| Priority Date(if available) |  |
| PCT Application No(if available) |  |
| I2P Support Commencement Date |  |

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| 1. **INVENTOR(S) INFORMATION**
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| Name | Designation | Organisation | Email |
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| 1. **SOURCES OF SUPPORT AND GRANT RELATING TO INVENTION**

***NB: Please include completed, on-going, under review grant applications.***  |
| **Funding source** **(Eg: NMRC)** | **Project Title** | **Funding Quantum** | **Funding Duration** |
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| 1. **INVENTION AND COMMERCIALISATION STATUS**

***NB: Please provide concise information for each line item, limiting it to fewer than 100 words*** |
| **Clinical Needs and Standard of Care**Click or tap here to enter text. |
| **Competitive Landscape, including limitation**Click or tap here to enter text. |
| **Description of Invention**(e.g. unique features, potential benefits, and how it addresses the identified clinical needs.)Click or tap here to enter text. |
| **Current invention status**Provide a concise information in key areas such as stage of development, significant results (lab and/or clinical), secured funding (complete section 5), and external collaborations (academic/industry). Elaborate if Invention belongs to a portfolio of IPs.[ ]  Concept [ ]  Bench Data available [ ]  Pre-clinical data available [ ]  Clinical data availableClick or tap here to enter text. |
| **Current commercialisation status**For Stage 1-2, outline commercial strategy (e.g. intention to license/spin-off) and identify potential partners/licensees if any.For Stage 3, provide details of commercial development (e.g. timeline/status) and engagement activities with partners / licensee (e.g. ongoing negotiation/pending execution of licensing terms).Click or tap here to enter text. |

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| 1. **SUPPORTING DOCUMENT CHECKLIST**

***NB: Please select accordingly, and indicate the format that the documents are submitted (i.e. PDF (A) and Word document (B).*** |
| The I2P Application Form is supported with the following document(s): | **A** | **B** |
| * Invention Disclosure Form

[ ]  NHIC Template (Ref: NHIC-I2P-FORM-2) Or[ ]  A\*ccelerate/NUS ILO/SHIP/SUTD/ NTUitive/Others  | [ ]  | [ ]  |
| * Journal Publication or Manuscript or Poster
 | [ ]  | [ ]  |
| * Prior Arts Search Report or Equivalent
 | [ ]  | [ ]  |
| * Supplement document with Technical data
 | [ ]  | [ ]  |
| * Filed Patent Application (for Stages 2 and 3)
 | [ ]  | [ ]  |
| * Search and Examination Report (*where applicable*)
 | [ ]  | [ ]  |
| Written Opinion Report (*where applicable*) | [ ]  | [ ]  |
| * Other relevant supporting documents (IP Agreements, RCA, Project Agreements etc.,)

Please indicate:  | [ ]  | [ ]  |

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| 1. **REMARKS (if any)**
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| 1. **UNDERTAKING BY THE APPLICANT AND HOST INSTITUTION**

In submitting the NHIC I2P Patent Support Scheme Application Form, the Applicant and Host Institution hereby UNDERTAKE to:* Declare that all information in this Application Form is accurate and true.
* Declare that he/she is free from any financial conflicts of interest.
* Declare that all inventors have assigned all rights, title and interest to this invention to their respective institutions aligned with Human Resources and other relevant policies of the institution.
* Confirm that the invention abides by all laws, rules and regulations pertaining to national and the Institution's research operating procedures and guidelines.
* Adhere to NMRC’s general guidelines on Research Grant Terms and Conditions.
* Confirm the accuracy and completeness of information submitted, including other funding sources.
* Fully consent to NHIC collecting, using and/or disclosing the personal data in any form for the purpose of grant administration for invention disclosed hereunder in compliance with the Singapore PDPA 2012.
* Notify NHIC within 14 days of any exploitation of the invention funded under the I2P Patent Support Scheme, including but not limited to, licensing, royalties, sales, investments, spin-out companies, industrial research collaborations.
* Ensure that all publications arising from invention wholly or partly funded by NHIC will be forwarded to NHIC.
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| --------------------------------------------------------------- Signature of Applicant |  ---------------------------------------------------------- Date |
| Name:  |

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| ---------------------------------------------------------------- Signature of Director of Institution[[2]](#footnote-2)  | ---------------------------------------------------------Date |
| Name:  |

**Annex A · Stages and Quantum of I2P Patent Support Scheme Application**

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| Overview of Patent Application Flowchart |

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| Priority Date | 30 months | National Phase Entry | Grant Patent | Grant Maintenance |

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| **Stage**  | **Stage Description** | **Scheme Duration****(Letter of Support)** | **Quantum** **(when sharing ratio of host institution is >50%)\*** | **Quantum** **(when sharing ratio of host institution is < 50%)\*** |
| 1  | **First Filing** of the invention patent application either with IPOS or other National patent offices.  | 12 months | $10,000 | $5,000 |
| 2  | **PCT Filing & Prosecution** is an International patent application for all PCT contracting states. Note: For non-PCT territories, please apply for stage 3 directly.  | 18 months | $20,000 | $10,000 |
| 3 | **National Phase (NP) Entry/Prosecution** involves the process of entering the National or Regional phase of patent examination with individual patent office after PCT application, and provide support to the cost of ongoing patent examination before the patent is granted.**Grant Maintenance** fees paid to the National patent offices to maintain a granted patent in force. | 30 months | $50,000 for 2 countries | $25,000 for 2 countries |
|  | **Extended Support to National Phase/ Prosecution and Grant Maintenance^** | 12 months | $10,000for 2 countries | $5,000for 2 countries |

\*Institutions are not allowed to claim Indirect Research Cost (IRC).

^ Criteria for Stage 3 Extended Support: Technology should be well-validated in a relevant environment and should have substantial funding/support for its downstream development. Additionally, there should be ongoing discussion with partners/licensees.

**Annex B · Medical Specialties Reference**

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| Allergy and Immunology | : | Disorders related to how the body reacts to foreign substances. Example of conditions: seasonal allergies, eczema, asthma, food and drug allergies and AIDS. |
| Cardiovascular Disease | : | Disorders related to the heart, including such conditions as heart disease, congestive heart failure, arrhythmias (irregular heartbeats) and high blood pressure. |
| Dermatology | : | Disorders of the hair, nails, skin, including warts, acne, eczema, skin cancers, psoriasis and sun damage. |
| Endocrinology, Diabetes and Metabolism | : | Disorders of glands and metabolic systems that produce hormones. Example of conditions: diabetes, hypertension, thyroid, pituitary, calcium, and nutritional and sexual disorders. |
| Obstetrics & Gynaecology | : | Infertility, female reproductive disease and care for woman and fetus during pregnancy. |
| Gastroenterology | : | Disorders of, or related to, the digestive system, including the stomach, liver,gallbladder and bowels. |
| Geriatric Medicine | : | Treatment of the elderly; engage support resources such as nursing homes and social services in patient care. |
| Haematology | : | Blood disorders and diseases and with the spleen and lymph glands including leukaemia, lymphoma, sickle cell disease, haemophilia and other cancer-related blood disorders |
| Infectious Disease | : | Communicable diseases, including AIDS |
| Nephrology | : | Disorders and diseases of the kidneys and urinary system. |
| Neurology | : | Disorders of the brain and nervous system. |
| Oncology | : | Disorders related to tumours and cancers throughout the body |
| Ophthalmology | : | Eye disorders such as vision loss, conjunctivitis, cataracts and glaucoma |
| Otolaryngology (ENTs) | : | Hearing loss, sinusitis, tonsillitis and disorders of the head and neck. |
| Paediatrics | : | Children illness |
| Plastic Reconstructive & Aesthetic Surgery | : | Repair, reconstruction, or replacement of physical defects of form or function involving the skin, musculoskeletal system, craniomaxillofacial structures. |
| Psychiatry | : | Disorders such as mental health, emotional or behavioural. |
| Rehabilitation | : | Impairments or disabilities related to musculoskeletal, neurologic, cardiovascular and other systems to restore function and relieve pain. |
| Rheumatology | : | Rheumatic illness such as arthritis, autoimmune disease.  |
| Surgery | : | Surgical treatment of conditions such as colon and rectal, brain and nervous system, orthopaedic, heart, lungs, oesophagus, vascular, oncology, thoracic, abdominal, hernia, breast & trauma.  |
| Urology | : | Disorders of the female urinary tract and the male urogenital tract such as prostate conditions, urinary tract infections and bladder conditions. |
| Dentistry | : | Treatment of oral diseases and other conditions that affect the teeth and gums. |
| Speech Therapy | : | Treatment of communication disorders, speech disorders and swallowing disorders. |
| Dietetics and Nutrition | : | Treatment of diet disorder and nutrition care. |

1. Definition of Host Institution/Healthcare Cluster: the body or institution or administering organization named in the Letter of Support as the “Host Institution” as the body responsible for undertaking and managing the Project and administering the Funding. [↑](#footnote-ref-1)
2. *If the Applicant is the Director of the Institution,* ***UNDERTAKING by the Director’s Reporting Officer*** *is required.* [↑](#footnote-ref-2)