The I2P Support Scheme Extension Form must be submitted to NHIC through the Designated Office of the Applicant’s Healthcare Cluster.

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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) |

Please submit completed form electronically in PDF format to: [**ip@nhic.cris.sg**](mailto:ip@nhic.cris.sg)**.**

All information is treated with confidence. The information is furnished to the National Health Innovation Centre Singapore with the understanding that it shall be used or disclosed for evaluation, reference and reporting purposes*.*

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| 1. **I2P Support Scheme Application Details** | | |
| NHIC Reference Number | NHIC-I2P- Click or tap here to enter text. | |
| Title of Invention |  | |
| Applicant Details  *(Name, Designation, Institution, Telephone & Email address)* |  | |
| Healthcare Cluster |  | |
| Application Filing Stage |  | |
| Current Period of Support | From Click or tap to enter a date. to Click or tap to enter a date. | |
| Budget Information | **Vote** | **OOE** |
| Approved Budget | $ |
| Expenditure-to-date | $ |
| Balance Budget | $ |

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| 1. **Support Scheme Extension Requested**   *NB: I2P Support Scheme Extension request and its justification must be submitted to NHIC at least 3 months before the support scheme completion date.* |

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| Extension requests | Stage 1 (6 months extension) | Stage 2 (6 months extension) | Stage 3 (12 months extension) |
| 1st extension  2nd extension | | |
| Period of Extension | From Click or tap to enter a date. to Click or tap to enter a date. | | |

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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* |

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| **Current invention status**  Provide a concise information in key areas such as stage of development, significant results (lab and/or clinical), secured funding and external collaborations (academic/industry). Elaborate if Invention belongs to a portfolio of IPs.  Concept  Bench Data available  Pre-clinical data available  Clinical data available  Click or tap here to enter text. |
| **Current commercialisation status**  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. **Reasons for Extension**   *Please explain why the extension is required and impact on funded patent application.* |
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| **Declaration by the Applicant:**  **I hereby declare that all the information provided by me in this form is accurate and true to the best of my knowledge and that I would be responsible for the consequences of providing false and/or misleading information.** | | |
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| **NAME & SIGNATURE OF APPLICANT** |  | **DATE** |
|  | |  |
| **Endorsed by: (To be completed by Host Institution)** | | |
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| **NAME, TITLE & SIGNATURE OF Research Director or his/her designated authority** |  | **DATE** |
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| **For NHIC Use only** | | |
| **Supported/Not Supported by:** | | |
| Remarks, if any: | | |
|  |  |  |
| **NAME & SIGNATURE OF NHIC CASE MANAGER** |  | **DATE** |
|  | | |
| **Approved by:** | | |
|  |  |  |
| **NAME & SIGNATURE OF NHIC Director OR HIS/HER DESIGNATED AUTHORITY** |  | **DATE** |