

INVENTION SUBMISSION FORM



Anyone can have her or his invention evaluated by IQ Medical Ventures B.V.. The invention must be related to a new product or process. Please, fill out the following legible, if necessary together with enclosures.

Send the form to IQ Medical Ventures B.V., Beursplein 37, Suite 1960 3011 AA Rotterdam, The Netherlands or scan it and e-mail it to info@iq-medicalventures.com.

It is advisable to make copies of the form before sending.

File Number:

(To be filled in by IQ Medical Ventures B.V.)

Name and initials:	<input type="text"/>
Address:	<input type="text"/>
Postal code and city:	<input type="text"/>
Country:	<input type="text"/>
Telephone:	<input type="text"/>
E-mail:	<input type="text"/>
Profession:	<input type="text"/>

QUESTIONS ABOUT THE INVENTION

1. What is the name of your invention?

2. Briefly describe your invention. *At question 10 you can give an extended description.*

3. What problem does your invention solve?

4. For whom is the invention intended (target group)?

5. What markets or companies might be interested in your invention?

6. Are you familiar with similar existing product, or descriptions of solutions, for the problem in question?

Yes No

If yes, please describe the other solutions and name the advantages of your idea over these other solutions.

7. At what stage is your invention?

Idea Prototype Tested

8. Have you already applied for a patent or have you otherwise sought protection for your invention? Please enclose copies of all relevant documentation.

9. Have you contacted other institutions or companies in connection with your invention?

10. Give a detailed description of your invention, including experience in practice, or descriptions of research activities. We would like to receive this information in enclosures. The enclosures should be numbered, not bound or stapled, and marked with the name of the submitting party on the reverse side. If relevant you can send prototypes, pictures or a video. If possible send digital copies of the information you have.

The undersigned has conceived the invention described in this submission form as a private individual, and asks IQ Medical Ventures B.V. to evaluate this invention in accordance with the terms and conditions maintained by IQ Medical Ventures B.V..

Place and date

Signature

IQ Medical Ventures B.V.

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