



Spring 2025 Application

Digital Innovations in Rare Disease

FOR OFFLINE REFERENCE ONLY

All applications must be submitted online at www.pharmstars.com/apply

Thank you for your interest in participating in PharmStars' upcoming accelerator program. When completing the application below, please do not include any confidential information, personal information about others, patient data or links to patient data in your responses.

This PDF version of the application is for your use offline only. **In order to be considered, you must submit your application online at www.pharmstars.com.** It is not possible to save an application online in draft form. Once submitted online, the application cannot be edited.

The application cannot be submitted until all mandatory fields, indicated with an asterisk, are filled in.

Applications must be submitted by **11:59 p.m. ET on January 26, 2025** to be considered.

Demographics

Company Name *

Company Description *

Please provide one sentence describing your company (max 200 characters).

Product Description *

Please provide one sentence describing your product (max 200 characters).

Company Website *

Company Location *



City

State / Province

Please Select



Country

Your Name *

First Name

Last Name

Your Role *

Will you be one of the two main participants representing your startup in the program?

☐

Yes

☐

No

Email *

Phone Number *

Please provide your cell phone, not the company phone number.

Your Location *

City

State / Province

Please Select



Country

Solution

1. What is the status of your solution? *

- ☐ Concept ☐ Prototype (pre-market) ☐ On the market

2. What is your solution? (check all that apply) *

- ☐ Hardware ☐ Software ☐ Services ☐ Medical device
☐ Non-medical device

3. What type of technology do you have? (check all that apply) *

- ☐ Algorithm
☐ Artificial Intelligence
☐ App
☐ Computer program
☐ Digital biomarker
☐ Game
☐ Machine Learning
☐ Physical device/ tool
☐ Robot
☐ Sensor
☐ Video
☐ Virtual Reality
☐ Wearable
☐ Other (please describe)

4. What area of rare disease is your solution focused on (check all that apply)? *

- ☐ Care coordination
- ☐ Collection of patient data
- ☐ Diagnostics
- ☐ Ethical issues
- ☐ Genetic heterogeneity
- ☐ Identifying/establishing trial sites
- ☐ Novel biomarkers
- ☐ Patient education
- ☐ Patient finding/identification
- ☐ Patient support or engagement
- ☐ Raising patient awareness
- ☐ Raising provider awareness
- ☐ Regulatory requirements
- ☐ Resources for patients or families
- ☐ Use of genetic data
- ☐ Other (please describe below)

5. What rare disease or diseases does your solution address? *

- ☐ Our solution addresses all rare diseases
- ☐ Our solution addresses one specific rare disease
- ☐ Our solution addresses several rare diseases

6. What is the problem you are trying to solve? *

Maximum 1000 characters

7. What is your solution? Who is the primary user and how do they use your solution?
(Note: please describe your solution from a "technical" rather than a "sales" perspective.
We want to understand clearly what your solution is and how it works.) *

Maximum 1000 characters

8. What is your business model? How and to whom do you sell your solution? *

Maximum 1000 characters

9. Has your solution been used by pharma? If so, how and where? *

Maximum 1000 characters

10. Please describe actual business use cases where your product has been used. *

Maximum 1000 characters

11. Are others (providers, payers) using your solution? *

☐ Yes ☐ No

12. Do you have any additional healthcare partners not yet mentioned here (e.g., patient advocacy groups) *

☐ Yes ☐ No

13. Who are your three closest competitors? *

14. What is your competitive advantage over your competitors? *

15. Is your solution regulated? *

☐ Yes ☐ No ☐ I don't know

Company Details

16. Have you raised funding for this company? *

- ☐ Yes ☐ No

17. When will you be raising funds next? *

- ☐ Now
☐ Next three months
☐ Next six months
☐ Next 12 months
☐ More than a year from now
☐ Other

18. Do you have revenues? *

- ☐ Yes ☐ No

19a. How many FTEs do you have? *

19b. Please use the space below if you would like to provide any additional information about your FTE count.

20. How old is your company? *

Experience

21. Is your startup currently negotiating or working with any pharma firms or has your startup negotiated or worked with pharma in the past? *

☐ Yes

☐ No

Accelerator Participation

22. What are your goals for participating in the PharmStars accelerator? *

Maximum 1000 characters

23. Have you participated in any other accelerators? *

☐ Yes

☐ No

24. Who will represent your company in PharmaU? *(Please note: PharmStars expects participation by the CEO and at least one additional full-time senior-level executives with decision making authority.)*

Representative 1:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Role
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Cell Phone	<input type="text"/>
<input type="text"/>	<input type="text"/>	Country
City	State	

Representative 2:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Role
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Cell phone	<input type="text"/>
<input type="text"/>	<input type="text"/>	Country
City	State	

Representative 3 (optional):

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Role
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Cell Phone	<input type="text"/>
<input type="text"/>	<input type="text"/>	Country
City	State	

Representative 4 (optional):

First Name	Last Name	Role
Email	Cell Phone	Country ▼
City	State	

25. Are all the people listed above full-time and permanent employees of your organization? *

☐ Yes ☐ No

26. Are all the people listed above aware this application is being submitted and available to participate in PharmStars as described in the Accelerator Terms? *

☐ Yes ☐ No

27. You must be 18 years or older to participate in PharmStars. Please confirm both representatives are eligible to participate in the program:

☐ I attest that all representatives listed are 18 years or older. *

28. If selected, will both of the primary representatives of your startup attend the in-person launch event in Boston, MA on march 18-19, barring special circumstances that would prevent you from doing so (illness, travel restrictions, etc.)? *

☐ Yes ☐ No

29. How did you hear about PharmStars? *


- ☐ Friend/Colleague/Advisor
- ☐ Internet Search
- ☐ LinkedIn
- ☐ News Article
- ☐ Slack
- ☐ Twitter
- ☐ Other (Please describe)

30. You will be added to our mailing list to receive updates about PharmStars and news about future cohorts. If you do not wish to receive PharmStars updates, you may opt out below:

☐ Please do not add me to the mailing list.

Additional Information

Please upload your pharma pitch deck here: *


Browse Files
Drag and drop files here

We would appreciate learning more about you, your company, and why you would like to participate in PharmStars. Please record a simple 1-2 minute video about your interest in PharmStars. Upload to YouTube or Vimeo and share the link here. Be sure the privacy settings are set to allow us to view your video. *

Anything else you would like to share?

Maximum 1000 characters

The Submission Process

Please confirm that you have read and will comply with the [Accelerator Terms](#) if selected to participate in PharmStars.



Accelerator Terms

These terms govern the PharmStars(TM) accelerator. Please read them before applying to participate.

☐ I have read and agree to the PharmStars' [Accelerator Terms](#) and understand how the SAFE investment will work. *

Deadline: Your application must be submitted by 11:59 p.m. ET on January 26, 2025 to be considered.

Submission: After successfully submitting this application, you will be redirected to a survey page. If you are not redirected, please check your form for errors. Please contact info@PharmStars.com if you encounter technical difficulties.

Confirmation of Receipt: Once you have submitted your application, you will receive an email confirmation within one hour of application submission. If you do not receive this confirmation, please contact us at info@PharmStars.com.

No Copy Provided: Your confirmation email will not include a copy of your submission. To create a record of your responses prior to submission please select "print" and save this page as a PDF document.

Acceptances: Semi-finalists will be notified on a rolling basis. Semi-finalists will have three business days to confirm their continued participation in the application process. Notification of acceptances into PharmStars will be sent by email on or around Tuesday, March 4, 2025. Startups selected to participate will have two business days to accept their spot in the program.

Launch Event: This PharmStars cohort will commence with a mandatory, in-person Launch Event on March 18-19, 2025 in Boston, MA. Please hold these dates to ensure participants can attend should your startup be selected to participate.

Class Schedule: Classes will meet virtually every Monday and Thursday from 12-1:30 p.m. ET March 24 - May 15, 2025. Please mark your calendar and ensure that you are available to attend all the twice-weekly classes.

Please verify that you are human *



I'm not a robot

reCAPTCHA
Privacy - Terms

Upon successful submission of your application:

- You will be redirected to a survey page. If you are not redirected to the survey, please check your form for errors.
- You should receive email confirmation of our receipt of your application within one hour. Please contact us if you do not receive a confirmation.

Thank you for applying to PharmStars!

Please contact info@PharmStars.com for questions.