

Spring 2022 Application

Digital Innovations in Neurological 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 startup cohort. 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 February 4, 2022 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	
Country		
Your Name *		
First Name Last Name		
Your Role *		
Email *		
Phone Number *		
Please provide your cell phone, not the company phone number.		
Your Location *		
City	State / Province	
Country		
You must be 18 years or oparticipate in the program	older to participate in PharmStars. Please confirm that you are eligible to :	

I attest that I am 18 years or older. [Required confirmation check box will appear on actual application online.] *

Solution

1. Can your innovation be applied to neurological	disease? *
Yes No	
1a. If you are focusing on a particular neurologic	al condition, what is it? *
2. What is the problem are you trying to solve? *	
3. What is your solution? Who is the primary use	r? *
4. What type of digital health solution do you hav	e? (check all that apply) *
Algorithm/Al/ML	Game
App	Robot
Biomarker	Sensor
Device or tool	Video
5. What category of digital health application doe	es your solution fall into? (check all that apply) *
Behavior modification	Monitoring tool
Diagnostic	Patient recruitment/retention
Digital therapeutic	Physician communication
Education	Preventative
Health/Wellness	Virtual care
Medication adherence	
6. Who are your three closest competitors? *	

7. What is the status of your solution? *				
concept	prot	otype (pre-market)	on the market	
8. What is your bu	siness model? Ho	ow and to whom do you s	ell your solution? *	
9. Is your solution	regulated? *			
Yes	No	I don't know		
9a. What is your re	egulatory status? *	*		
9b. What is your re	egulatory strategy	? *		
Company De	etails			
10. Have you raise	ed funding? *			
Yes	No			
10a. What stage w	vas your last round	l of funding? *		
10b. How much di	d you raise in your	last round? *		
11. When do you expect to raise your next round of funding? *				
12. How many FT	Es do you have? *			
•	•			

13. How old is your company? *
Experience
14. Are you currently working or negotiating with any pharma firms? *
Yes No
14a. Which firms are you working with and on what? *
15. Are you working or have you worked with any of the following firms? (check all that apply) * Alexion
AstraZeneca
Boehringer Ingelheim Eli Lilly and Company
Novo Nordisk
Sumitovant
Takeda
None of the above
16. What has been your experience working with pharma thus far? *
Accelerator Participation
17. What are your goals for participating in the PharmStars accelerator? *
18. Have you participated in any other accelerators? *
Yes No

18a. If so, which	accelerator(s)? *	
-	•	ompany in PharmaU? List two	o representatives. (Please note: ive participation.) *
-	•	ove aware this application is l lescribed in the Program Teri	being submitted and available to ms? *
Yes	No		
21. How did you	hear about P	harmStars? (check all that ap	pply) *
Friend		News Article	PharmStars Alumni
Search Engine		Social Media	
	.,	did you hear about PharmSta	
file to be consider			ou like us to keep your application or
Yes	No		
		•	about PharmStars and news about pdates, you may opt out below:
Please do not add	me to the ma	iling list.	
Additional I	nformat	ion	
24. Please uploa	d your pharn	na pitch deck here: *	

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

26. Anything else you would like to share?

The Submission Process

Please confirm that you have read and will comply with the <u>Program Terms</u> if selected to participate in PharmStars.

I agree to the PharmStars' Program Terms. [Required confirmation check box will appear on actual application online.] *

Your application must be submitted by 11:59 p.m. ET on February 4, 2022 to be considered.

Once you have submitted your application, you will receive an email confirmation within 24 hours of application submission. If you do not receive this confirmation, please contact us at support@PharmStars.com. Applications will not be returned.

Invitations to join PharmStars will be sent by email on or around March 8, 2022. Startups selected to participate will have up to three (3) days to accept their spot in the program.

This PharmStars cohort will commence with a mandatory, in-person cohort launch event on March 21-22, 2022 in Boston, MA. Please hold this date to ensure you can attend should your startup be selected to participate.

If selected, our team will attend the in-person launch event in Boston, MA on March 21-22, barring special circumstances that would prevent us from doing so (illness, travel restrictions, etc.). [Required confirmation check box will appear on actual application online.] *

Classes will meet virtually every Monday and Thursday from 12-2 p.m. ET March 28 - May 26, 2022. Please ensure that you are available to attend all the twice-weekly classes.

Thank you for applying to PharmStars!

Please contact <u>support@PharmStars.com</u> with technical questions and <u>info@PharmStars.com</u> for general questions.