



Fall 2022 Application

Innovations in Real-World Evidence

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 July 16, 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

Please Select

Country

Your Name *

First Name

Last Name

Your Role *

Will you be one of the two 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 the problem are you trying to solve? *

Maximum 1000 characters

3. What is your solution? Who is the primary user and how do they use your solution? *

Maximum 1000 characters

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

Maximum 1000 characters

5. Is your solution hardware, software or both? *

☐ Hardware ☐ Software ☐ Both

6. What type of digital health solution do you have? (check all that apply) *

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Algorithm/AI/ML | <input type="checkbox"/> Game |
| <input type="checkbox"/> App | <input type="checkbox"/> Robot |
| <input type="checkbox"/> Digital Biomarker | <input type="checkbox"/> Sensor |
| <input type="checkbox"/> Physical device or tool | <input type="checkbox"/> Video |
| <input type="checkbox"/> Other (please describe) | |

7. Are you focused on: *

☐ Real-World Evidence ☐ Real-World Data ☐ Both

8. What kind of Real-World Evidence (RWE)/Real-World Data (RWD) do you collect or work with? (check all that apply) *

- | | |
|--|--|
| <input type="checkbox"/> Patient data and Patient Reported Outcomes (PROs) - Patient self-reported | <input type="checkbox"/> Patient data and Patient Reported Outcomes (PROs) - Data from devices |
| <input type="checkbox"/> EHR data | <input type="checkbox"/> Claims data |
| <input type="checkbox"/> Lab data | <input type="checkbox"/> Registries |
| <input type="checkbox"/> Sales data | <input type="checkbox"/> Study data (clinical trials, phase 4 trials, observational studies, etc.) |
| <input type="checkbox"/> Other data (please describe) | |

9. Who owns the data you work with? *

Maximum 1000 characters

10. What does your solution do? (check all that apply) *

- | | |
|---|--|
| <input type="checkbox"/> Collect/ capture data in novel way | <input type="checkbox"/> Remotely monitor patients |
| <input type="checkbox"/> Analyze/ process data/ model data | <input type="checkbox"/> Data infrastructure |
| <input type="checkbox"/> Aggregate data | <input type="checkbox"/> Integrate data |
| <input type="checkbox"/> Generate of synthetic data | <input type="checkbox"/> Biomarker identification |
| <input type="checkbox"/> New biomarker | <input type="checkbox"/> New endpoint |
| <input type="checkbox"/> Other (please describe) | |

11. How and where will pharma use your product? (check all that apply) *

- | | |
|--|---|
| <input type="checkbox"/> Drug development - target identification | <input type="checkbox"/> Drug development - clinical trials |
| <input type="checkbox"/> Drug development - registration/ regulatory decision making | <input type="checkbox"/> Patient identification and differentiation |
| <input type="checkbox"/> Post marketing trials | <input type="checkbox"/> Safety and efficacy |
| <input type="checkbox"/> Registries | <input type="checkbox"/> Reimbursement and payer conversations |

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

Maximum 1000 characters

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

- ☐ Yes ☐ No

14. Are you working in specific therapeutic areas? *

- ☐ Yes ☐ No

15. What use cases do you have? *

Maximum 1000 characters

16. Who are your three closest competitors? *

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

18. Is your solution regulated? *

☐ Yes ☐ No ☐ I don't know

19. Are you compliant with data privacy and security requirements? *

☐ Yes ☐ No ☐ I don't know

Company Details

20. Have you raised funding? *

☐ Yes ☐ No

21. When do you expect to raise your next round of funding? *

22. How many FTEs do you have? *

23. How old is your company? *

Experience

24. Is your company currently working or negotiating with any pharma firms? *

☐ Yes ☐ No

25. Is your company currently working with or have they worked with any of the following firms? (check all that apply) *

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Alexion | <input type="checkbox"/> AstraZeneca | <input type="checkbox"/> Boehringer Ingelheim |
| <input type="checkbox"/> Eli Lilly and Company | <input type="checkbox"/> Novo Nordisk | <input type="checkbox"/> Roche |
| <input type="checkbox"/> Sumitovant | <input type="checkbox"/> Takeda | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Unable to disclose | | |

26. What has been your experience working with pharma thus far? *

Maximum 1000 characters

Accelerator Participation

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

Maximum 1000 characters

28. Have you participated in any other accelerators? *

- ☐ Yes ☐ No

29. Who will represent your company in PharmaU? *(Please note: PharmStars requires participation by the CEO and/or other full-time senior-level executives with decision making authority.)*

Representative 1: First Name* Last Name* Email Role

Representative 2: First Name* Last Name* Email Role

30. Are both people listed above full-time / permanent employees of your organization? *

- ☐ Yes ☐ No

31. Are both people listed above aware this application is being submitted and available to participate in PharmStars as described in the Program Terms? *

- ☐ Yes ☐ No

32. If selected, will both representatives of your startup attend the in-person launch event in Boston, MA on September 7-8, barring special circumstances that would prevent you from

doing so (illness, travel restrictions, etc.)? *

☐ Yes

☐ No

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 both representatives listed are 18 years or older. *

33. How did you hear about PharmStars? (check all that apply) *

☐ Friend

☐ News Article

☐ PharmStars' Alumni

☐ Search Engine

☐ Social Media

☐ Email or Newsletter

☐ Other (please list)

34. In addition to being considered for this cohort, would you like us to keep your application on file to be considered for future cohorts? *

☐ Yes

☐ No

35. 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 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 your video. (Note that though not compulsory, ~60% of applications have historically included a simple 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 [Program Terms](#) if selected to participate in PharmStars.

☐ I agree to the PharmStars' [Program Terms](#). *

Deadline: Your application must be submitted by 11:59 p.m. ET on July 16, 2022 to be considered.

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 support@PharmStars.com. Applications will not be returned.

Acceptances: Invitations to join PharmStars will be sent by email on or around August 18, 2022. Startups selected to participate will have up to three (3) days to accept their spot in the program.

Launch Event: This PharmStars cohort will commence with a mandatory, in-person cohort launch event on September 7-8, 2022 in Boston, MA. Please hold these dates to ensure both 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 September 12 - November 3, 2022. Each week, 45 minutes of class will be optional. In addition, there will be several asynchronous videos that participants can watch at their convenience. Please ensure that you are available to attend all the twice-weekly classes.

Please confirm you are not a robot by answering the question below: *



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Submit

You should receive email confirmation of our receipt of your application with one hour. Please contact us if you do not receive confirmation of your submission.

Thank you for applying to PharmStars!

Please contact support@PharmStars.com with technical questions and info@PharmStars.com for general questions.