



## Fall 2024 Application

### Digital Innovations in Clinical Trials

#### FOR OFFLINE REFERENCE ONLY

**All applications must be submitted online at**  
**[www.pharmstars.com/apply](http://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](http://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 15, 2024** 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

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/AI/ML

☐ App

☐ Computer program

☐ Digital biomarker

☐ Game

☐ Generative AI

☐ Physical device/ tool

☐ Robot

☐ Sensor

☐ Video

☐ Virtual Reality

☐ Wearable

☐ Other (please describe)

4. What area of clinical trial innovation is your solution focused on (check all that apply)? \*

☐ Data collection

☐ Data management

☐ Health equity

☐ Medication adherence

☐ Participant recruitment

☐ Participant retention

☐ Patient communication

☐ Patient education

☐ Patient support

☐ Personalized treatments

☐ Remote monitoring

☐ Trial design

☐ Trial execution

☐ Virtual trial

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

Maximum 1000 characters

6. 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

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

Maximum 1000 characters

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

Maximum 1000 characters

9. What business use cases do you have (pharma and/or non-pharma)? \*

Maximum 1000 characters

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

☐ Yes ☐ No

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

☐ Yes ☐ No

12. Who are your three closest competitors? \*

13. What is your competitive advantage over your competitors? \*

14. Is your solution regulated? \*

☐ Yes ☐ No ☐ I don't know

---

## Company Details

15. Have you raised funding for this company? \*

☐ Yes ☐ No

16. When will you be raising funds next? \*

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

17. Do you have revenues? \*

- ☐ Yes
- ☐ No

18a. How many FTEs do you have? \*

18b. Please use the space below if you would like to provide any additional information about your FTE count.

19. How old is your company? \*

## Experience

20. 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

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

Maximum 1000 characters

22. Have you participated in any other accelerators? \*


- ☐ Yes
- ☐ No

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

Representative 1:

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

Representative 2:

First Name *	Last Name *	Role *
Email *	Cell phone *	
City	State 	Country ▼

Representative 3 (optional):

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

24. Are the people listed above full-time / permanent employees of your organization? \*

☐ Yes ☐ No

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

☐ Yes ☐ No

26. 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. \*

27. If selected, will both representatives of your startup attend the in-person launch event in Boston, MA on September 10-11, barring special circumstances that would prevent you from doing so (illness, travel restrictions, etc.)? \*

☐ Yes ☐ No

28. How did you hear about PharmStars? \*

☐ Friend/Colleague/Advisor

☐ Internet Search

☐ LinkedIn

☐ News Article

☐ Slack

☐ Twitter

☐ Other (Please describe)

29. 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 [Program Terms](#) if selected to participate in PharmStars.

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

**Deadline:** Your application must be submitted by 11:59 p.m. ET on July 15, 2024 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](mailto: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](mailto: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 August 28, 2024. 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 September 10-11, 2024 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 September 16 - November 7, 2024. 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](mailto:info@PharmStars.com) for questions.*