

Please complete all sections of this form, print, scan, and return by email to Health Technology Assessment and Innovation (HTAI) at HTAI@albertahealthservices.ca, or send by fax to 780.735.0873.

Name of Referring Organization	
Name of Key Contact	
Mailing Address	
Email	
Website	
Phone	Fax

<b>Health Technology</b>															
<p>What is your health technology industry focus? <i>(check one)</i></p> <p><input type="checkbox"/> Assistive/Rehabilitative</p> <p><input type="checkbox"/> Medical/surgical supplies</p> <p><input type="checkbox"/> Diagnostics</p> <p><input type="checkbox"/> Web services</p> <p><input type="checkbox"/> Imaging</p> <p><input type="checkbox"/> Informatics</p> <p><input type="checkbox"/> Other, specify _____</p>	<p>What is your application area? <i>(check all that apply)</i></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Acute care</td> <td><input type="checkbox"/> Dental health</td> </tr> <tr> <td><input type="checkbox"/> Home care</td> <td><input type="checkbox"/> Palliative care</td> </tr> <tr> <td><input type="checkbox"/> Public health</td> <td><input type="checkbox"/> Vet med</td> </tr> <tr> <td><input type="checkbox"/> Allied health</td> <td><input type="checkbox"/> Extended care</td> </tr> <tr> <td><input type="checkbox"/> Mental health</td> <td><input type="checkbox"/> Primary care</td> </tr> <tr> <td><input type="checkbox"/> Rehab care</td> <td><input type="checkbox"/> Wellness/prevention</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other, specify _____</td> </tr> </table>	<input type="checkbox"/> Acute care	<input type="checkbox"/> Dental health	<input type="checkbox"/> Home care	<input type="checkbox"/> Palliative care	<input type="checkbox"/> Public health	<input type="checkbox"/> Vet med	<input type="checkbox"/> Allied health	<input type="checkbox"/> Extended care	<input type="checkbox"/> Mental health	<input type="checkbox"/> Primary care	<input type="checkbox"/> Rehab care	<input type="checkbox"/> Wellness/prevention	<input type="checkbox"/> Other, specify _____	
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<p>What stage of development is your technology?</p> <p><input type="checkbox"/> Proof of concept</p> <p><input type="checkbox"/> Reduction to practice <i>(prototype developmental stage)</i></p> <p><input type="checkbox"/> Pre-product testing/Pre-clinical testing</p> <p><input type="checkbox"/> Alpha testing/animal testing</p> <p><input type="checkbox"/> Pre-commercial product sales</p> <p><input type="checkbox"/> Scale up, product design and manufacturing stage</p> <p><input type="checkbox"/> Commercial product launch and sales</p>															
<p>Please provide a brief description of your health technology</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>															
<p>Can the innovation be applied to advance healthcare delivery?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>															

How does the innovation improve healthcare outcomes?

How many employees do you have?

Is your business registered in Alberta?

Yes

No, specify where \_\_\_\_\_

Do you carry on more than 50 percent of your business activity in Alberta?

Yes

No

Does your company have a commercial product or technology that satisfies a specific need within Alberta Health Services (AHS)?

Is your company at the stage to market your product or technology to potential purchasers?

Yes

No

Please provide evidence of commercial readiness to export and support products in Canada or outside of Canada?

Does your company have any prior sales or plans on selling in other jurisdictions?

Yes

No

What do you expect to accomplish by engaging Health Technology Assessment and Innovation, AHS?