# Acute and Chronic Breathlessness Workshop - Expression of Interest

We are inviting expressions of interest from technology developers to meet with us to discuss their new technologies for the diagnosis or monitoring of patients with acute or chronic breathlessness in primary care or in the community. During this meeting our multidisciplinary team will provide immediate expert feedback and there will be opportunities to discuss how we might collaborate to further develop and/or evaluate promising technologies. Technologies at any Technology Readiness Level will be considered.

Expressions of Interest (EOIs) will be discussed by the CH-MIC team to determine whether we consider your technology to be within the remit of the CH-MIC and our workshop. Developers of prioritised technologies will be invited to present their technologies at our online workshop which will be attended by a panel of clinical and methodological experts from and affiliated with the CH-MIC. This will give us an opportunity to ask you further questions about your technology and initiate plans for further collaboration if applicable.

We are aligned with other NIHR infrastructures, including the other NIHR MedTech and In Vitro Diagnostics Co-Operatives, the [NIHR Oxford Biomedical Research Centre](https://oxfordbrc.nihr.ac.uk/), [NIHR Oxford Health Biomedical Research Centre](https://oxfordhealthbrc.nihr.ac.uk/about-us/), and the [NIHR Applied Research Collaboration Oxford and Thames Valley](https://www.arc-oxtv.nihr.ac.uk/). We also work closely with the [Oxford AHSN](https://www.oxfordahsn.org/) and a number of teams within the Oxford University Hospitals and Oxford Health NHS Foundation Trusts.

Please refer to our website for further information: <https://www.community.healthcare.mic.nihr.ac.uk/>

**By selecting this box, I agree to the information in this form being shared and processed by members and partners of the NIHR Community Healthcare MIC for the purpose of technology triage for the CH-MIC Acute and Chronic Breathlessness Workshop. I agree not to include any confidential or sensitive information in the completed form**

Please complete and return to [ch-mic@phc.ox.ac.uk](mailto:ch-mic@phc.ox.ac.uk) with the subject line ‘Breathlessness Workshop 2023’. EOIs will be discussed by the Management Team, and we will aim to respond within 2 working weeks.

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| **Company / Organisation** | Click or tap here to enter text. | **Web address** | Click or tap here to enter text. | |
| **Contact name** | Click or tap here to enter text. | **Job title** | Click or tap here to enter text. | |
| **Email** | Click or tap here to enter text. | **Multinational** | Yes  No | |
| **Office in England?** | Yes  No | | | |
| **Company size designation** | Micro ≤ ten employees  Small 10–50 employees | | Medium 50–250 employees  Large > 250 employees | |
|  | | | | |
| **Potential expertise required** | Care pathway analysis  Qualitative research  Health economics  Diagnostic performance evaluation | | Analytical/technical validation (laboratory)  Clinical trials  Statistical support  Other, *specify below* | |
| Click or tap here to enter text. | | | | |
| **Regulatory status of technology** | Not yet UKCA/CE/FDA approved  Planning UKCA/CE/FDA  Within 1 year of UKCA/CE/FDA submission | | UKCA marked  CE marked  FDA approved | |
| **Technology classification** | In-vitro diagnostic | | Medical device | |
| **Stage of development** | Concept  Proof of concept  Design-locked | | Validation  Market ready  Other, specify below | |
| Click or tap here to enter text. | | | | |
| **Summary – please describe your technology in plain English** | Click or tap here to enter text. | | | |
| **Equipment and consumables required if applicable** | Click or tap here to enter text. | | | |
| **Expected approximate capital cost and running costs** | Click or tap here to enter text. | | | |
| **Training requirements and user(s) envisaged e.g. professional use only; home users etc** | Click or tap here to enter text. | | | |
|  | | | | |
| **Description of technology**, please provide links to relevant publications ** | | | | |
| **Target disease/population** | Click or tap here to enter text. | | | |
| **Indication for the technology** | Screening  Diagnosis | | | Prognosis  Monitoring |
| **Likely place in clinical pathway** | New technology – no tech currently available  Adjunct to current technology | | | Replace existing technology  Companion diagnostic, *specify therapeutic below if yes* |
| Click or tap here to enter text. | | | | |
| **Setting for use** | Primary care  Hospital at home  Patient self-use | | | Ambulatory care settings  Care homes  Other community setting, *specify below* |
| Click or tap here to enter text. | | | | |

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| **Technology Readiness, provide detail for all YES answers and associated publications if available** | | |
| **Has proof of concept work been undertaken?** | Yes, *specify below*  Click or tap here to enter text. | No |
| **Has the technology been developed beyond the prototype and suitable for wider clinical evaluation?** | Yes, *specify below*  Click or tap here to enter text. | No |
| **Has the technology been assessed for basic technical performance?** | Yes, *specify below*  Click or tap here to enter text. | No |
| **For novel biomarker(s); has the technology been assessed for technical performance in a clinical population to establish:**  **a) population norms**  **b) cut-points for abnormality detection?** | Yes, *specify below*  Click or tap here to enter text. | No |
| **Has the technology been evaluated for diagnostic performance in a clinical population on a small scale? (if applicable)** | Yes, *specify below*  Click or tap here to enter text. | No |
| **Has the technology been evaluated for diagnostic performance in a clinical population in a full scale study? (if applicable)** | Yes, *specify below*  Click or tap here to enter text. | No |
| **Are you at the final stages of evaluation – i.e. assessing whether the technology confers benefit over existing technologies when introduced in routine clinical practice?** | Yes, *specify below*  Click or tap here to enter text. | No |
| **Description of current standard of care** | | |
| Click or tap here to enter text. | | |
| **How will your technology benefit the NHS and patients?** | | |
| Click or tap here to enter text. | | |
| **Please explain how you feel your company will benefit through participation in this workshop?** | | |
| Click or tap here to enter text. | | |