

BioVentureHub

Application of Interest Form



Introduction

AstraZeneca established the BioVentureHub in 2014 with the aim to stimulate innovation and to further strengthen competitiveness and dynamism in the life science industry. The BioVentureHub is a great example of open innovation and how AstraZeneca orchestrates collaborations and growth through innovation.

Each new company or academic group adds more ingredients and flavours to the innovation experiment we're cooking up in the BioVentureHub. We're creating a melting pot in which collaborative innovation can flourish.

We would like to evaluate how you believe your company can contribute, complement and ensure a mutual exchange with other BioVentureHub companies and/or AstraZeneca. Please send your application to robert.roth@astrazeneca.com

Contact information

Company name		Address:	
Contact Person		Web Site	
Telephone			
Email Address			

Questions

This is what we do and why we are unique

Please summarize what your company do, research fields, custom segments etc.

Needs, Team, Roadmap

Please summarize your infrastructure needs (type of lab / offices), area, number of employees, when do you plan/need to move in.

Company Maturity, Financial & Growth Plans

How would you categorize your company's portfolio maturity, current and upcoming financing, IP status and future growth plans?

Expectations, Value, Aims and Outcomes

Please summarize your expectation of being part of the BioVentureHub Ecosystem (e.g. practical, infrastructure and knowledge exchange with AstraZeneca/ companies in BioVentureHub and collaborations)

How can you contribute to the BioVentureHub-Ecosystem?

*In what areas do you believe that you will contribute, add value to the BioVentureHub - AstraZeneca-ecosystem?
(e.g. competence areas, experiences, networks, sector convergent, collaborations etc.)*

References

Please add contact details to one or more references

Reference material

Please include potential additional information such as a non-confidential corporate presentation

Signature

Signature of the Person Submitting this Form

Date of Signature

MM

DD

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