***Please return completed form to*** [***info@amrcentre.com***](mailto:info@amrcentre.com) ***or post to: The AMR Centre, 19B70, Mereside, Alderley Park, Macclesfield SK10 4TG***

*Do not include confidential information on this form. Please complete 1 form for each antibacterial product you are proposing.*

**Pre-Application Expression of Interest Form**

**A. About You** *(\* required fields)*

First Name\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name (or surname)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address line #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address line #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province/Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip/Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation’s Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select Organisation Type:

ο Academic

ο Research Institution

ο Non-profit organization

ο Small business

ο Medium business

ο Large business

ο Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify your organization/companies legal structure (e.g., LLC, Corporation, 501(c)(3)) or enter N/A if the legal entity has not been established

1. Does your organization have an operating plan and existing funding to sustain operation for the next 12 months?

ο Yes

ο No

2. Do you presently receive funding from any of the following?

ο BARDA

ο Wellcome Trust

ο NIAID

ο CARB-X

ο No

3. a) How did you learn about The AMR Centre *(Check all that apply)*

ο AMR Centre newsletter

ο AMR Centre website

ο BARDA via medicalcountermeasures.gov or www.phe.gov

ο NIH/NIAID website

ο Advocacy group

ο A colleague

ο Social Media

ο Scientific conference: \_\_\_\_\_\_\_\_\_\_\_\_\_

ο Scientific publication: \_\_\_\_\_\_\_\_\_\_\_\_\_

ο Other, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) What best describes your interest in The AMR Centre *(Check all that apply)*

ο For informational purposes only at this time

ο I wish to be reviewed for possible funding or research support services

ο Other (please describe below)

**B. Your Interest in The AMR Centre**

4. What is the name of your antibacterial Product or Project? (e.g. AMRC-0001):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Which description **best** matches your product?

a) Direct-acting therapeutic (has a measurable MIC against bacteria)

ο Small molecule

ο Large molecule

ο Microbiome-based

b) Indirect therapeutic (or does not have a measurable MIC)

ο Inhibits bacterial virulence factor(s)

ο Augments host immune response

ο Other, describe below

c) Preventative

ο Vaccine

ο Passive protection via an antibody (monoclonal or polyclonal)

ο Microbiome-based

ο Other, describe below

d) Diagnostic

ο Device for identifying genus/species of infecting organism

ο Device for predicting / determining susceptibility

ο Other (please describe below in Question 8)

e) Other devices:

ο (please describe below in Question 8)

f) Other:

ο (please describe below in Question 8)

6. Which best describes your areas of interest that you are seeking AMR Centre support for? *(Check all that apply)*

ο MedChem development

ο *In vitro* microbiology

ο *In vitro* ADME/DMPK

ο *In viv*o PK/PD and efficacy studies

ο Pharmacology/toxicology testing

ο Synthetic small molecule/non-biologics GMP/GLP manufacturing

ο Biologic molecule pilot and GMP/GLP manufacturing

ο Pre-Clinical IND studies

ο Device (e.g., diagnostic AST device) manufacturing or scale-up

ο Regulatory affairs support/consultation (e.g. IND preparation)

ο Phase 1 Clinical trials

ο Phase 2a Clinical trials

ο Business support (mentoring, financial advice, fund-raising advice, etc.)

ο Pre-clinical development planning advice

ο Clinical trial design assistance

ο Reimbursement planning advice

7. Which best describes your business and strategic interests that you are seeking AMR Centre support for? *(Check all that apply)*

ο Business development/marketing support

ο Financial advice (fund raising efforts, financial planning)

ο Operational consultation (growth, strategy, prioritization, logistics)

ο IP/FTO legal support

ο Corporate legal support

ο Bioinformatics support

ο Bioengineering support

ο Competitive intelligence advice

ο HR consultation

ο Other (please describe below in 100 words or less):

8. Please describe your product in 500 words or less. Please do not include confidential information but do provide sufficient data to allow a knowledgeable scientist to get a reasonable sense of the product. Please do not provide other attachments, manuscripts or similar: The summary should be provided here.

9. For indicative purposes only (you may update this subsequently), what is the likely funding request, duration of funding, and impact on the program?

Funding request: Currency: \_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_

Start date: \_\_\_\_\_\_\_\_\_\_\_ Stop Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Duration (months): \_\_\_\_\_\_\_\_\_\_

10. Does the product target any Gram-negative bacteria such as those on the Critical lists of the WHO 2017 threat list?

ο Yes

ο No

If yes, please indicate the targeted bacteria in the space below:

11. Is there demonstrated activity in an animal model for at least one exemplar from the project? Yes\_\_\_\_\_\_\_/No\_\_\_\_\_\_\_\_

12. If the product is therapeutic or preventative, is the mechanism of action known?

ο Yes

ο No

13. How far have you progressed with the diagnostic?

a) A laboratory-level demonstration kit (or prototype) exists: Yes\_\_\_\_\_/No\_\_\_\_\_

b) Version suitable for field testing exists? Yes\_\_\_\_\_/No\_\_\_\_\_

14. Do you believe you are likely to have freedom to operate around the technologies required for your product?

1. ο Yes
2. ο No
3. ο Under Evaluation
4. ο Don’t Know

<<END OF FORM>>

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