PRIZE APPLICATION TEMPLATE – PART B

Version 1.0

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Note: This is for information only.

The definitive templates to be used for submission will be available in the submission system, which you should then use when writing your application.

Please follow the structure of this template when preparing your application. It has been designed to ensure that the important aspects of your work are presented in a way that will enable the experts to make an effective assessment against the evaluation criteria.

Page limits: The entire part B should not be longer than 70 pages (if your application is positively evaluated, you might be asked to provide additional documentation in a hearing).

All tables in these sections must be included within this limit. The minimum font size allowed is 11 points. The page size is A4, and all margins (top, bottom, left, right) should be at least 15 mm (not including any footers or headers).

If you attempt to upload an application longer than the specified limit, you will receive an automatic warning, and will be advised to shorten and re-upload the application. After submission, any excess pages will be overprinted with a 'watermark', indicating to evaluators that these pages must be disregarded.

Please respect the page limit and do not take it as a target either! It is in your interest to keep your text as concise as possible, since experts rarely view unnecessarily long applications in a positive light.

COVER PAGE

Title of the application

Acronym of the application

List of contestant(s)

Contestant No *	Contestant organisation name	Country
1 (Coordinator)		
2		
3		
…		

* Please use the same contestant numbering as that used in the administrative application forms.

Table of Contents

1. ABSTRACT

2. INTRODUCTION

Concept and approach

Describe and explain the overall concept underpinning the proposed solution. Describe main ideas, models or assumptions involved. Identify any trans-disciplinary considerations.

3. DETAILED DESCRIPTION OF THE PROPOSED SOLUTION

Describe the proposed solution in detail specifically addressing each of the Award Criteria set out in the Rules of Contest (see also below).

The rapid point of care test may be part of an approach that includes clinical parameters/algorithms but it cannot be limited to such clinical parameters/algorithms.

While the impact of a solution (see criteria below) naturally increases with the target population, solutions that apply only to limited target populations (e.g. children vs. adults) are also eligible.

The prize will be awarded, after closure of the contest, to the application that in the opinion of the jury demonstrates a solution that fulfils at least the minimum requirements and best addresses the following cumulative criteria.

Note that the solution should be both developed by the contestant and be novel.

1. **Potential to reduce the use of antibiotics and magnitude of antibiotic use reduction:** contestants should include a robust estimation of the antibiotic courses that would be avoided in cases of upper respiratory tract infections as a consequence of the application of this test;

2. **Accuracy and safety:** contestants should provide a risk/benefit analysis of giving or not giving antibiotics in the case of upper respiratory tract infections based on the result of this test. The test should identify with high accuracy patients with upper respiratory tract infection, who can safely be managed without antibiotics. The accuracy and safety of the solution must be confirmed by an appropriate validation. The validation must have been performed in a clinical research or routine laboratory using a number of patient samples that is justified statistically as providing reasonable validation. The validation report must include details on number of patient samples, number of targets/pathogens/markers analysed per sample, randomisation strategy, sensitivity and specificity, gold standard used (addressing

also the distinction between colonising agents and causative pathogens), time to result under 'real world' conditions and whether (and how many) samples have been analysed in parallel. Gender-specific differences should be taken into account. The validation must demonstrate a sensitivity and specificity that supports the use of the test to reduce the use of antibiotics in a safe way in patients with upper respiratory tract infections. The test should be ready for use at the time of submitting the application: as a minimum, a working device or demonstrator method should exist that is suitable for deployment to test sites (i.e. acceptable to a manufacturer for scale-up for beta-testing and then to market). Applicants may use the "*STARD Checklist for the reporting of studies of diagnostic accuracy*"[1] indicating on which page of the application the STARD checklist items are addressed.

3. **Minimal/non-invasive:** it is preferred that the sampling requirements are minimal/non-invasive;

4. **Low cost and affordable:** cost of device, infrastructure requirements for device (water, electricity, waste disposal), cost of consumables, supply chain and storage requirements for consumables. Lower cost for device and consumables, room-temperature supply chain and storage as well as substantial tolerance for temperature excursions will be preferred.

5. **Rapid:** ideally the total turn-around time of the test should be less than 30 minutes.

6. **Easy to use:** the test must be useable by healthcare workers at primary care level. Simplicity and limited training requirements are preferred.

[1] http://www.stard-statement.org/pdf%20and%20word%20documents/Checklist.PDF