Technical Feasibility Assessment (TFA)

2025-26 (Round 1)

[**CTRL-CLICK HERE FOR THE ONLINE FORM**](https://app.smartsheet.com/b/form/e7770c91db33423bb7c72b9fcd963639)

Application form template

TIA is committed to protecting the privacy of your personal information. Information that you supply as part of this application will be treated in confidence. Refer to the scheme [guidelines](https://therapeuticinnovation.com.au/pipeline-accelerator/technical-feasibility/) for further details.

***This document is intended as a tool to help you prepare for an online application because the online form cannot be saved.***

**When ready, please simply cut and paste plain text into the online form. Please note that graphics or rich text are not permitted, and all formatting will be removed.**

**Additional supporting information may be uploaded separately if necessary.**

## Step 1 – Applicant details

**Complete the following**

|  |  |
| --- | --- |
| Project Title |  |
| Full name of applicant (incl title) |  |
| Contact email |  |
| Applicant affiliation |  |
| Research team and affiliations |  |
| ORCID IDsIf you and your research team have ORCID IDs, please enter them here, separated by commas. For more information on ORCID, [click here](https://orcid.org/). |  |

## Step 2 – Provider selection

* **Select ONE TIA facility you wish to access using the selection boxes.**

***NOTES: Choose ONE TIA facility***

* **Select ONE Therapeutic Modality that best describes your therapy**

***NOTES: Choose ONE therapeutic modality***

* **Have you contacted the facility selected above and have they agreed in principle that they can provide the assessment within the $10,000 budget? Attach the Provider correspondence in Step 3**

## Step 3 – Project description

**Complete the following**

|  |  |
| --- | --- |
| Background | *Please describe your therapy, highlighting the current focus of your research. This will help to identify the stage of development that you are currently in and allow us to tailor your assessment accordingly. Include information on:** *Unmet medical need*
* *Any patent applications*
* *Translational research activities.*
 |
| 400 words maximum.This is what 400 words looks likeLorem ipsum dolor sit amet, consectetur adipiscing elit. Donec posuere sagittis justo efficitur scelerisque. Vivamus gravida orci ac lectus auctor varius. Proin tellus metus, cursus non ullamcorper at, dignissim vitae mauris. Nulla pretium, ligula eget scelerisque dignissim, lorem ligula lobortis lacus, non dictum tellus odio quis tellus. Morbi fermentum sit amet ipsum at accumsan. Aenean dictum ante ac nulla fermentum semper. Sed posuere tincidunt varius. Fusce vitae ex mauris. Fusce venenatis lectus eu elit consequat pharetra. Aliquam interdum nulla ut purus elementum, sit amet sodales sem vestibulum. Pellentesque metus neque, commodo eu congue id, sagittis eu justo. Maecenas dui quam, tempor sed pulvinar a, dapibus vitae nulla. Donec eu massa ut nunc varius hendrerit ac sed dolor.Etiam pellentesque tempus justo, a posuere elit. Sed eu purus vel odio condimentum lacinia in ut arcu. Pellentesque egestas malesuada consequat. Duis eget tortor a urna semper semper et nec est. Curabitur at justo at massa tincidunt pharetra. Aliquam feugiat lorem dui, nec congue lectus tincidunt nec. Maecenas laoreet mollis gravida. Cras sem risus, finibus eu consequat ultricies, ultricies nec nisi. Nulla condimentum euismod felis, sit amet tincidunt magna aliquet at. Vivamus euismod metus et erat venenatis commodo. Aliquam ligula lectus, bibendum id molestie eget, vestibulum vitae mauris. Donec nunc nunc, sagittis eu tortor vel, dapibus viverra libero. Etiam at imperdiet magna, at pulvinar libero. Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Duis efficitur at enim non fringilla. Curabitur aliquam commodo sem in convallis.Etiam elit sem, eleifend quis lectus quis, placerat blandit libero. Pellentesque odio nibh, cursus a fringilla sit amet, dictum et libero. Aliquam sit amet nibh metus. Morbi consequat rutrum mauris. Sed tincidunt consectetur nulla id fermentum. Maecenas eu laoreet purus. Phasellus at dignissim ante. Phasellus euismod eros pellentesque sodales malesuada. Proin quis nibh porta, sodales enim ac, faucibus diam. Proin sit amet varius lacus. Aliquam facilisis elit nec venenatis suscipit. Integer sagittis lectus vel sollicitudin ultricies. Ut posuere vitae lectus vel scelerisque. Nunc nibh enim, lacinia vitae sem eget, scelerisque posuere libero. Integer et rutrum arcu. Nunc consequat ornare tristique.Sed vitae sollicitudin mi, sit amet sagittis turpis. Suspendisse vel vulputate orci. Praesent finibus placerat velit, vel dictum odio cursus eu. Praesent semper eros eu risus luctus egestas. Curabitur sed congue nulla, et sodales risus. Nunc rhoncus nisl eu aliquet convallis. Curabitur ultricies lorem et tincidunt placerat. Nulla eu libero pulvinar, dictum nisl. |
| Current Manufacturing Process | *Please indicate how you currently make the therapy. Be sure to include:** *How long the process takes*
* *How many times you've performed the process*
* *Any off the shelf reagents and equipment*

***Do not include any patentable or trade secret manufacturing processes****.* |
| Please aim for 400 words maximum |
| What advice are you seeking? | *Describe the next steps for your project and what assistance you are currently seeking (if known). Include any development milestones and timelines.* |
| Please aim for 300 words maximum |

**Submit** correspondence from the Provider, supporting documentation and/or diagrams (Upload a single A4 page of diagrams in JPG, PNG or PDF format)

## Step 4 – Acknowledgement of Support

Please check the boxes to indicate acceptance.

**Scope of Engagement**

If your application is successful, then this engagement will provide you with a report on the feasibility of your project to be manufactured for clinical use. You will also receive recommendations on alterations to improve your therapy. The report is intended to give you advice on the direction of your research project, such that you are better informed and prepared for translational research.

As such, these should be considered advice only and are in no way binding.

**\*Tick the box provided if you agree**

**Final reporting**

It is a prerequisite of the support that you agree to report details of the assessment to TIA. This provides information on the utility of these assessments and highlights impact that they have had on your translational research. No confidential information will be requested.

**\*Tick the box provided if you agree**

**Acknowledge the statement:**

***“Applicant agrees to acknowledge TIA and NCRIS in publications arising from this work. and to submit details to TIA via the following online form:***

<https://app.smartsheet.com/b/form/0edfd65636db4baab9e30f587c4141f0>

*Guidance for acknowledging TIA/NCRIS, including use of logos, is available at the following URL:*

[***https://www.therapeuticinnovation.com.au/access-acknowledgement***](https://www.therapeuticinnovation.com.au/access-acknowledgement)***”***

[**Submit**](https://app.smartsheet.com/b/form/e7770c91db33423bb7c72b9fcd963639) **the application.**

The form allows you to email a copy to yourself if desired.

**Further information**

Please [contact us](https://www.therapeuticinnovation.com.au/contact) for any additional queries.