



# Ggmdi Medical Innovation Submission Form

**Innovator Name:** .....

**Title & Specialty:** .....

**Institution:** .....

**Country:** .....

**Email:** .....

**Phone:** .....

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## Innovation Details

**Innovation Name:** .....

**Type:** .....

**Target Users / Specialty:** .....

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**Clinical Problem Addressed:** .....

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**Your Solution & Key Benefits:** .....

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## Development Status

- Concept
  - Prototype
  - Clinically tested
  - In use
  - Commercialized
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## IP & Regulatory

### IP Status:

- Patent filed
- Granted
- Institution owned
- None

### Regulatory Status:

- Not started
  - In progress
  - Submitted
  - Approved
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## Support Needed from Ggmdi

- Market development
  - Manufacturing
  - Regulatory
  - Hospital connections
  - Investment
- 

### Declaration:

I confirm this innovation is my work or I have the rights to submit it.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

 Submit to: [puttisak@ggmdi.com](mailto:puttisak@ggmdi.com)

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