

NEW PRODUCT EVALUATION

Send all information to newideas@mercurymed.com.

Inventor/Manufacturer Contact Name		Company Name
Mailing Address:		
Phone	Email	Website
Additional Contacts		

Product Name	
Product Description	
Manufacture Certification	
<input type="checkbox"/> ISO Certified: 9001 <input type="checkbox"/> ISO Certified: 13485 <input type="checkbox"/> other,	
What Country is your Device Manufactured in?	
Current Stage of Product	
<input type="checkbox"/> YES <input type="checkbox"/> NO Prototype / Sample Available - Send to George Howe <input type="checkbox"/> YES <input type="checkbox"/> NO Patented: Patent # / Pending Submission <input type="checkbox"/> YES <input type="checkbox"/> NO 510K (If applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO CE Mark <input type="checkbox"/> YES <input type="checkbox"/> NO IP (Copy Right and Trademark) <input type="checkbox"/> YES <input type="checkbox"/> NO Reimbursement Code	
Target Market (EMS, Neonatal, Hospital, Surgery Center, Etc)	Target Audience (Anesthesia, Surgeon, Respiratory Therapists, Etc.)

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Competitive Products on Market (Please provide specific part numbers if available)	
Mercury Medical's Potential Role and Expectation with Product	
Potential Value to Customer/ Value Proposition	
Proposed Distribution Channels	
<input type="checkbox"/> U.S. <input type="checkbox"/> International <input type="checkbox"/> Both	
Distribution	
<input type="checkbox"/> Exclusive <input type="checkbox"/> Non-Exclusive	
U.S. Geography/Territory (Please provide Mercury's potential U.S. territory)	
Current Distributors of Product? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Whom and What Territory?	
Are You Considering Any Other Potential US Distributors? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Whom and What Territory?	
What are the Last Twelve-Month Sales/ Projected Next Twelve-Month's Sales?	
Target Market Pricing (Please specify unit of measure in eaches)	Mercury Medical's Margin Opportunity (in %)

Instructions for completing a Competitive Market Matrix: A Competitive Market Matrix is an analysis tool that will help Mercury Medical determine your product's competitive advantage over other products in the market. Please fill out the information for your product in the column labeled, "Your Device/Idea." The additional columns are to be filled out with information that corresponds with the products that your device/idea will be directly competing against in the market. Send all information to newideas@mercurymed.com.

Factor	Your Device/Idea	Competitor #1	Competitor #2	Competitor #3
Cost:				
Features: (Such as whether the product is disposable or sterile.)				
Treatment: (Does the product demonstrate an improvement in care?)				
Safety: (How does the product enhance safety for the patient or healthcare provider?)				
Value Proposition: (Cost savings, reduction of stay, ease of use, or increased satisfaction.)				
Practice Change/Disruption (Does the product change the practice or procedure?)				