



After this form is filled, please send it to:

OROT.CCOMTL@ssss.gouv.qc.ca

EXPRESSION OF INTEREST FORM – INDUSTRY

Company Name

Date

DD / MM / YYYY

Contact

EMAIL

PHONE

Company Website

Brief description of the company's innovation

(maximum 300 words and if necessary, attach any other relevant document)

The stage for the advancement of innovation

- Research & Development
- Validating Relevance
- Measuring Impact
- Co-development

Publications, results, internal innovation report
(join documents)

Contact Person

FIRST NAME / LAST NAME / TITLE

Organization category

- Public
- Private
- Non-Profit

Other

Location

- Quebec
- Canada

Other

Type of industry

- Ai & prediction solutions
- Wearables
- Medical Device

- Telehealth
- Virtual or Augmented Reality
- Genomics

Other

The type of partnership sought with CIUSSS CCO:

Co-creation or co-development of an innovation with the company and CIUSSS CCO

Clinical Validation / Enterprise Innovation Research Project at CIUSSS CCO

Other

Company needs and interests for a potential partnership with CIUSSS CCO



After this form is filled, please send it to:

OROT.CCOMTL@ssss.gouv.qc.ca

For CIUSSS CCO (do not complete)

Name of project manager

**Clinical internal project
lead, researchers, or other
individuals of CIUSSS CCO**

Yes, please clarify
No interest
No internal project lead

Short summary, other comments, and relevant information

Next steps