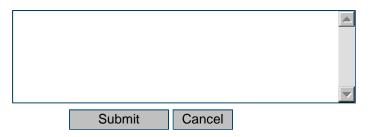


Technology Readiness Level	▼ Technology Readiness Lev	vel Descriptions
Proposed Indication for Use	Check All	Uncheck All
(Check all that apply)	☐ Pre-Exposure Prophylaxis	☐ Mitigation Agent
	☐ Post-Exposure Prophylaxis	Other (Please Specify
	☐ Therapeutic	
Route of Administration	Check All	Uncheck All
	☐ Intravenous	☐ Oral
	☐ Intramuscular Injection	☐ Subcutaneous
	☐ "Needle-Free" Injection	☐ Transdermal
	☐ Intranasal	Other (Please Specify
Number of Doses Required for Efficacy or per		
Product Stability	Years Months	
Femperature at which product is stable (please indicate range)		
Upload Documents	·	
	Refresh Documents	
*Does your submission include proprietary, confidential, or trade secret information?	○ No ○ Yes	
Please select those federal	Check All	Uncheck All
entities that you would be interested in potentially meeting	✓ HHS/BARDA	✓ HHS/FDA
with. Please do not select an entity in which you are currently competing for a contract under as active solicitation issued in accordance with the Federal Acquisition Regulation.	▼ HHS/CDC	☑ HHS/NIH
Comments		



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