



NIH/NIAID/DMID Partnerships Program Survey

Burden Disclosure: Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA# 0925-0668. Do not return the completed form to this address.

Welcome!

You have been selected to participate in the external assessment of the NIH/NIAID/DMID Partnerships Program, which was initiated in 2002 to support product-focused research and development activities. Your participation in the survey is voluntary and you are free to skip any particular question you do not wish to answer for any reason.

You will receive no direct benefits from participating in the survey; however, your responses will provide critical data that will be incorporated into a summary report generated by an independent contractor for NIAID. All information obtained in the survey will be reported in aggregate. A designated NIAID External Partnerships Committee of senior academic and industrial scientists/developers will use the report to prepare a formal assessment of the program with recommendations for future directions and activities. There are no foreseeable risks of participating in this survey. The information you provide will be kept secure to the extent permitted by law.

The survey should take approximately 20 minutes to complete. If you have received more than one Partnerships award, please ensure that your responses are related to the award mentioned in your survey invitation. If you are unable to finish the survey in a single sitting, you will be able to resume the survey from the point where you stopped by selecting the link in the invitation email.

Thank you for taking the time to participate in this important program assessment. If you have any questions about the survey, please feel free to contact us.

Michael Schaefer at mschaefer@niaid.nih.gov
Tina Parker at parkerti@niaid.nih.gov

If you are 18 years of age or older, understand the statements above and freely consent to participate in the survey, click on the "I Agree" link to begin the survey.

[I Agree, launch survey.](#)

[I Do Not Agree](#)





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Which of the following best describes the general product (countermeasure) focus of your project funded by the award referenced in your invitation email? (PLEASE SELECT ONLY ONE.)

Please use the 'Previous Question' button to navigate to earlier questions; do not use your browser's 'Back' button.

- Vaccine/Vaccine Technology/Adjuvant
- Therapeutic
- Diagnostic/Diagnostic Platform Technology
- Immunotherapeutic
- Research Resource/Service/Process

- Skip this Question

Next Question



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What was the primary pathogen targeted in the project?

Skip this Question

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If the Partnerships program was not available, would the project funded by the referenced award still have been pursued?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Overall, how important has Partnerships support been, or how important will it be, in research and development of this candidate product, process, or service? (PLEASE SELECT ONLY ONE.)

- Very Important
- Important
- Somewhat Important
- Not Important

- Skip this Question

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Was there financial support from other sources for the project?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Please identify the source(s) of parallel support:

Skip this Question

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Which one of the following best characterizes the product, process, or service that was planned under this project?
(PLEASE SELECT ONLY ONE.)

- A totally new product, process, or service
- A new use for an existing product, process, or service
- An improvement to an existing product, process, or service
- A combination of products, processes, or services
- Other

- Skip this Question

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Specify what else best characterizes the product, process, or service that was planned:

Skip this Question

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Did Partnerships support provide technical validation (e.g., scientific concept vetted, proof of concept, manufacturability)?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Did Partnerships support provide data that led to acquisition of follow-on funding?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Please identify the source(s) of follow-on funding:

Skip this Question

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Did Partnerships support contribute to publications?

- No Yes

- Not Sure/Don't Know
- Skip this Question

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Please provide citation(s):

Skip this Question

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Did you develop an animal model, assay, reagent or product used by other investigator(s)?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Please identify the animal model, assay, reagent or product developed:

Skip this Question

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Please describe the purpose of the animal model, assay, reagent or product:

Skip this Question

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Did the studies conducted with Partnerships support influence the decision to move forward?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Please describe how the studies influenced your decision not to move forward:

Skip this Question

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Please describe the most significant outcome of the supported research:

Skip this Question

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Did the projects involve a candidate product (as evidenced by proof of principle)?

Examples of a candidate product include countermeasures against NIAID Category A, B, or C priority pathogens defined as a vaccine, therapeutic, immunotherapeutic, diagnostic, adjuvant or related platform technology.

No Yes

Skip this Question

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Did Partnerships support advance a candidate product along the product development pathway?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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What was the developmental status of the candidate product prior to the award period? (PLEASE SELECT ONLY ONE.)

- Basic Research
- Early Translational (e.g., assay development, screening, target identification)
- Translational (e.g., efficacy testing, model development, medicinal chemistry)
- Preclinical Activities (e.g., safety, tox, production)
- Pre-Investigational New Drug (Pre-IND)
- Investigational New Drug (IND)

- Skip this Question

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What was/is the developmental status of the candidate product at the end of the award period? (PLEASE SELECT ONLY ONE.)

- Basic Research
- Early Translational (e.g., assay development, screening, target identification)
- Translational (e.g., efficacy testing, model development, medicinal chemistry)
- Preclinical Activities (e.g., safety, tox, production)
- Pre-Investigational New Drug (Pre-IND)
- Investigational New Drug (IND)

- Skip this Question

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Was the candidate product acquired by, or licensed to, a partner/industry?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Was there a transfer of technology/candidate product to other investigator(s)?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Did Partnerships support contribute to pending intellectual property rights application?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Did Partnerships support contribute to acquisition of intellectual property rights?

- No Yes

- Not Sure/Don't Know
- Skip this Question

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Did Partnerships support contribute to FDA submission?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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Please identify what type of submission was made:

Skip this Question

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Please provide the current status of the submission: (PLEASE SELECT ONLY ONE.)

- Under FDA review
- Product has FDA approval
- Product is on clinical-hold
- Other

Skip this Question

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Please specify other current status of the submission:

Skip this Question

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Did Partnerships support lead to a label change for new indication?

- No
- Yes

- Not Sure/Don't Know
- Skip this Question

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What is the current status of the candidate product developed by the referenced Partnerships award? (PLEASE SELECT ONLY ONE.)

- Under development
- Commercialization stage
- In use by target population
- Discontinued
- Other

Skip this Question

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Please specify the other status of the candidate product:

Skip this Question

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Did the reasons for discontinuing development of the candidate product include any of the following? (PLEASE CHECK ALL THAT APPLY.)

- Idea failed due to insufficient efficacy
- Idea failed due to inadequate safety margin
- Market demand too small
- Level of risk too high
- Not enough funding
- Company shifted priorities
- Principal investigator left
- No FDA approval
- Licensed to another company
- Product, process, or service not competitive
- Other

Skip this Question

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Please specify other reason for discontinuing development of the candidate product:

Skip this Question

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Has the PI/company obtained any other NIH awards, in addition to the referenced award, for products, processes, or services that are related to this project? (The awards may have different principal investigators, and they may have come before or after the referenced award or from different NIH agencies.)

- No Yes

- Not Sure/Don't Know
- Skip this Question

Previous Question

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Please list the NIH institute(s) from which the PI/company has obtained any other NIH awards. Remember, the awards may have different principal investigators, and they may have come before or after the referenced award or from different NIH agencies.

Skip this Question

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Did you have an industrial partner for your Partnerships during the award period?

- No Yes

- Skip this Question

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Which of the following best describes this company's (or industrial partner's) major field of business? (PLEASE SELECT ONLY ONE.)

- Biotechnology
- Pharmaceuticals
- Diagnostics
- Non-Profit
- Healthcare

- Skip this Question

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What is the current status of the company (or industrial partner)? (PLEASE SELECT ONLY ONE.)

- Actively engaged in the same business
- Merged with another company
- Sold
- Closed
- Other

- Skip this Question

Previous Question

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Please specify other current status of the company (or industrial partner):

Skip this Question

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Thinking now just about the referenced award, how satisfied were you with your experiences going through the Partnerships application, review, and award process.

How satisfied were you with **obtaining information about the Partnerships program?**

- Very dissatisfied
- Mostly dissatisfied
- Mixed
- Mostly satisfied
- Very satisfied

Skip this Question

Not Applicable

Previous Question

Next Question



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How satisfied were you with **instructions for preparing applications?**

- Very dissatisfied
- Mostly dissatisfied
- Mixed
- Mostly satisfied
- Very satisfied

- Skip this Question
- Not Applicable

Previous Question

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How satisfied were you with the **review process**?

- Very dissatisfied
- Mostly dissatisfied
- Mixed
- Mostly satisfied
- Very satisfied

- Skip this Question
- Not Applicable

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How satisfied were you with the **award process**?

- Very dissatisfied
- Mostly dissatisfied
- Mixed
- Mostly satisfied
- Very satisfied

- Skip this Question
- Not Applicable

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How satisfied were you with the **post-award administration**?

- Very dissatisfied
- Mostly dissatisfied
- Mixed
- Mostly satisfied
- Very satisfied

- Skip this Question
- Not Applicable

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Please provide any additional information about the Partnerships application, review, and award process that you think may be helpful to us.

After entering your response, select "Submit Survey" to complete.

Skip this Question

Previous Question

Submit Survey



Survey Complete!

Thank you for taking the time to participate in this important program assessment.

Michael Schaefer at mschaefer@niaid.nih.gov

Or

Tina Parker at parkerti@niaid.nih.gov



NIH/NIAID/DMID Partnerships Program Survey

We are sorry that you have decided not to participate in our assessment of the NIH/NIAID/DMID Partnerships program. If you change your mind, you can select the link in the invitation email to complete the survey at a later date.

If you would like to complete the survey via telephone or paper survey, or if you would like to share anything about your experience with the Partnerships program outside of the survey, please feel free to contact us at:

Michael Schaefer at mschaefer@niaid.nih.gov

Tina Parker at parkerti@niaid.nih.gov





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