

Checklist for Applying for the Pfizer Research Prize

Category «Digital Health: Patient-centered Digital Health Solutions»

The application form allows the transfer of rights for the submission of a project carried out by multiple participants for the Pfizer Research Prize and the formal recognition of compliance with the Pfizer Research Prize regulations.

A project will only be considered by the Pfizer Research Prize Foundation once the application is completed in full.

A full application includes the following documents:

- **Application form**, completed in full
- **Application cover letter**
- **Project description** based on lean canvas criteria (problem, solution, key metrics, unfair advantage, channels, customer segmentation, cost structure, revenue stream) max. 6 slides.
- **Additional Information:** Team description and way of working/teamwork, data security, usability
- **Summary** of max. half an A4 page

Instructions on submission of the project:

- Only **complete applications will be accepted**.
- Incomplete applications and those received **after the deadline** (email receipt date) **will not be considered**.
- Please submit **all documents electronically in PDF format and named as follows**:
 - 1_Application Form_*[Name of applicant]*.pdf
 - 2_Application Cover Letter_*[Name of applicant]*.pdf
 - 3_Project description_*[Name of applicant]*.pdf
 - 3a_Additional Information_*[Name of applicant]*.pdf
 - 4_Summary_*[Name of applicant]*.pdf

Please submit your application by email to:

Pfizer Research Prize Foundation
Dr. med. Eva Graf
pfizerresearchprize.ch@pfizer.com

Application Form Pfizer Research Prize 2026

Category «Digital Health: Patient-centered Digital Health Solutions»

Project

Only projects focusing on patient-centered digital health solutions that have already been successfully implemented in practice are eligible for submission.

Title:	
Project Team/Company:	
Year of implementation/launch:	

Applicants

A maximum of three team members per project can receive the award.

1. Applicant / Main applicant	
Salutation / Title:	
First Name:	
Last Name:	
Date of Birth:	
Nationality:	
Domicile of the main applicant and/or company in Switzerland:	

Place, Date, Signature:	
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2. Applicant (optional)	
Salutation / Title:	
First Name:	
Last Name:	
Date of Birth:	
Nationality:	

Place, Date, Signature:	
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3. Applicant (optional)	
Salutation / Title:	
First Name:	
Last Name:	
Date of Birth:	
Nationality:	

Place, Date, Signature:	
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Details of your company (optional)	
Company name:	
Company address:	
Comments:	

The main applicant confirms that all people involved in the project have been informed about this application and have given their consent.

The main applicant also confirms that his/her main domicile is Switzerland, and the project complies with all applicable regulations and laws.

Date: _____ Signature of main applicant: _____

Please indicate the email address to which the Pfizer Research Prize Foundation should confirm receipt of your application:

Email: _____