



New Idea Submission Questionnaire*

Date: _____

Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Fax #: _____

Email: _____

Occupation: _____

***PLEASE DO NOT DISCLOSE ANY CONFIDENTIAL INFORMATION ON THIS QUESTIONNAIRE**

1. Name of product: _____

2. For what part of the body is the product Designed? _____

3. Describe the product's general use: _____

4. What makes your product better or different from what is currently available? _____

5. Why did you choose to submit your idea to DJO? _____

6. What is the product's target market? _____



7. Who will use your product? _____

8. In what price range do you expect the product to sell? _____

9. What products and which companies represent competitive alternatives? _____

10. What stages of development have been completed? (Check as many as apply)

- Idea Only Drawings Prototype Tested
 Clinical Trials Patent Applied for Patented Other _____

11. Is this idea your sole property? Yes No (if no, please explain below)

12. Additional comments: _____

Please fax to: 760-734-3644

DJO, LLC
1430 Decision Street
Vista, CA 92081

Note: DJO, LLC **cannot** give legal advice. If you have any questions on how you should answer these questions, please contact your patent lawyer or an attorney.