PARTICIPANT ADDENDUM | TEAM PLANNING TOOL

SPARC Collabofest Team Readiness Self-Checklist

Use this checklist to identify strengths, close gaps, and build a team capable of carrying an AI-generated result into validation and translation.

This checklist is a planning aid, not a requirement that every box be checked. Strong teams usually have a clear scientific premise, accessible inputs, complementary expertise beyond informatics, and an owned path to validation.

A. Essential project foundation

Before submitting, your team should be able to check most or all of these:

[ ] Our team includes at least one co-investigator from UAB or the CCTS Partner Network.
[ ] We can state the unmet need or translational bottleneck in one or two sentences.
[ ] We have a testable target, mechanism, intervention, or patient-cohort hypothesis.
[ ] We can name the decision or deliverable we need from SPARC.
[ ] A scientific or clinical lead owns the biological interpretation of the project.
[ ] We have credible supporting evidence, preliminary findings, or a strong published foundation.
[ ] We understand what data or structural information the proposed analysis requires.
[ ] A team member or committed collaborator can own downstream validation.
[ ] We can describe the next translational milestone if the project succeeds.

B. Scientific evidence and target readiness

[ ] Our team has published a study on the disease mechanism or therapeutic hypothesis.
[ ] A rigorous review, consensus analysis, or literature synthesis supports a short list of candidate targets.
[ ] Preliminary data support the target, pathway, biomarker, or intervention.
[ ] We understand the relevant cell type, tissue, disease stage, or patient subgroup.
[ ] We can explain why the opportunity is differentiated from current therapies or active programs.
[ ] We have considered target tractability, safety, and alternative modalities.

C. Data readiness

[ ] We have a unique patient-cohort dataset or clearly identified public dataset relevant to the question.
[ ] We have experimental, omics, imaging, chemical, antibody, or real-world data that can inform the project.
[ ] The data are accessible to the team and can be provided in an analyzable format.
[ ] Data dictionaries, endpoint definitions, sample metadata, and provenance are available.
[ ] Required IRB, consent, data-use, privacy, security, or transfer conditions are understood.
[ ] We have assessed data quality, sample size, missingness, bias, and major limitations.

D. Experimental and NAM validation readiness

[ ] We have a unique, reproducible assay that can test the predicted mechanism or intervention.
[ ] We have access to an organoid, organ-on-chip, microphysiological system, or other new approach methodology (NAM).
[ ] We have access to relevant cells, tissues, biospecimens, perturbation models, or disease models.
[ ] Positive and negative controls, benchmark compounds, and measurable endpoints are defined.
[ ] A laboratory or core has agreed in principle to conduct the validation.
[ ] The approximate cost, timeline, throughput, and material requirements for validation are understood.

E. Clinical and patient resources

[ ] A clinician or clinical investigator is actively engaged in the project.
[ ] We can access a relevant patient cohort, registry, biobank, or biospecimen collection.
[ ] The intended patient population and current standard of care are defined.
[ ] Candidate biomarkers, clinical endpoints, and meaningful treatment-response measures are identified.
[ ] We understand likely recruitment, prevalence, diversity, and generalizability constraints.
[ ] A plausible early clinical or observational validation route exists.

F. Development, commercialization, and leverage

[ ] Our team includes or can access medicinal chemistry, antibody engineering, pharmacology, formulation, or drug-development expertise.
[ ] Relevant background intellectual property and prior public disclosures have been identified.
[ ] We have considered whether a successful result could support a UAB invention disclosure.
[ ] A commercial, biotech, pharmaceutical, CRO, foundation, or external academic partner is engaged or identifiable.
[ ] External funding is already secured for related work, validation, or follow-on development.
[ ] We can identify a realistic next funding mechanism, partner decision, or development milestone.

G. Team composition map

Check the roles already represented. One person may fill more than one role.

[ ] Disease biologist or mechanism expert
[ ] Clinician or clinical investigator
[ ] Assay, organoid, NAM, or experimental-model expert
[ ] Medicinal chemist, computational chemist, or structural biologist
[ ] Antibody, protein, RNA, cell, gene, or other modality expert
[ ] Pharmacologist, toxicologist, PK/PD, or systems-pharmacology expert
[ ] Biostatistics, informatics, data science, or AI expert
[ ] Clinical-trial, regulatory, implementation, or real-world-evidence expert
[ ] Intellectual-property, commercialization, industry, or venture partner
[ ] Project lead who will coordinate decisions, meetings, inputs, and validation handoff

H. Gap-closing plan

List the one or two gaps most likely to prevent successful execution:

[ ] Missing expertise or collaborator: _____
[ ] Data access, permission, or formatting issue: _____
[ ] Validation assay, model, or partner needed: _____
[ ] Funding, materials, or follow-on resource needed: _____
[ ] Action owner and target date: _____

Readiness guide

ITEM	DETAIL
Ready to submit	The essential foundation is in place; required data are accessible; and a validation owner, model, or partner is identified.
Nearly ready	The scientific premise is strong, but one important collaborator, data-access step, or validation resource still needs to be secured. Name the gap and closure plan in the proposal.
Build the team first	The requested SPARC decision is unclear, required data cannot yet be accessed, or no one owns downstream validation. Recruit or scope before submitting.

Five questions to answer before submission

[ ] What exactly will become possible if SPARC completes the proposed work?
[ ] What will the team provide to SPARC on day one?
[ ] Who will make scientific decisions when results are ambiguous?
[ ] Who will validate the output, using what assay, model, cohort, or clinical resource?
[ ] What grant, publication, invention, partnership, or development milestone comes next?

This checklist should support team formation and proposal development; it should not be used as a rigid eligibility screen or as a simple count of assets.