Application or referral for other medical service or health technology

Application ID:
HPP200030

Application title:

Submitting organisation:
DEMONSTRATION ORGANISATION

Submitting organisation ABN:
56602226906

Application description

Succinct description of the medical condition/s:
demo

Succinct description of the service or health technology:
demo

Application contact details

Are you applying on behalf of an organisation, or as an individual?

Please add or more applicant contacts (one primary contact must be added):

Name	Email	Contact type

Application details

Have you lodged an MSAC application for this service or health technology previously?

Have you had a pre-application meeting with the Department?

Please select the program through which the health technology would be funded:
Other

Specify the funding program:

Please provide justification for selecting the above program:

Have the Department notified you that your application will bypass the PICO Advisory Sub-Committee (PASC)?
No

Please select the PASC meeting relevant to this application:

What is the type of service or health technology?
Investigative

Please provide any reference documentation where your application has been referred from the NBA or other committee:

Document type	File name
Reference documentation	

PICO set

PICO sets:

PICO set number	PICO set name
1	PICO set 1

Application PICO set 1: PICO set 1

Supporting documentation

Document type	Document file name
Application PICO set documents	
Reference list	

Population

Describe the population in which the proposed health technology is intended to be used:

Select the most applicable Medical condition terminology (SNOMED CT):

Intervention

Name of the proposed health technology:

Comparator

Nominate the appropriate comparator(s) for the proposed medical service (i.e. how is the proposed population currently managed in the absence of the proposed medical service being available in the Australian health care system). This include identifying health care resources that are needed to be delivered at the same time as the comparator service:

Outcomes

Outcome description - please include information about whether a change in patient management, or prognosis, occurs as a result of the test information:

Specified restrictions for funding

Please add one or more items, with specified restriction for funding, for each Population / Intervention:

How is the technology / service funded at present? (For example: research funding; State-based funding; self funded by patients; no funding or payment):

Please provide a cost break down attachment:

Document type	File name
Cost breakdown attachment	

Claims

In terms of health outcomes (comparative benefits and harms), is the proposed technology claimed to be superior, non-inferior or inferior to the comparator(s)?

Please state what the overall claim is, and provide a rationale:

Estimated utilisation

Estimate the prevalence and/or incidence of the proposed population:

Provide the percentage uptake of the proposed health technology by the proposed population:

Year 1 estimated uptake (%):

Year 2 estimated uptake (%):

Year 3 estimated uptake (%):

Year 4 estimated uptake (%):

Estimate the number of patients who will utilise the proposed technology for the first full year:

Optionally, provide details:

Will the technology be needed more than once per patient?

Provide references to support these calculations:

Document type	File name
Estimated utilisation references	

Consultation

List all appropriate professional bodies / organisations representing the group(s) of health professionals who provide the health technology/service:

ABN (if known):

Professional body name:
Demo organisation

Rationale:
Demo

List all appropriate professional bodies / organisations representing the group(s) of health professionals who request the health technology/service:

ABN (if known):

Professional body name:
Demo

Rationale:
Demo

List all appropriate professional bodies / organisations representing the group(s) of health professionals that may be impacted by the health technology/service:

ABN (if known):

Professional body name:
Demo

Rationale:
Demo

List the patient and consumer advocacy organisations or individuals relevant to the proposed health technology:

Number of organisations listed: 1

ABN (if known):

Professional body name:
Demo

Rationale:
Demo

List the relevant sponsor(s) and / or manufacturer(s) who produce similar products relevant to the proposed service or health technology:

Professional body name:
Demo

Rationale:
Demo

Nominate (at least) two experts who could be approached about the proposed service or health technology and the current clinical management of the service or health technology.

Number of individuals listed: 1

Individual 1:

Name: Demo

Email address: Demo@demo.com

Phone: 12345

Rationale: Demo

Regulatory information

Would the proposed health technology involve the use of a medical device, in-vitro diagnostic test, radioactive tracer or any other type of therapeutic good?
Yes

Has it been listed or registered or included in the Australian Register of Therapeutic Goods (ARTG) by the Therapeutic Goods Administration (TGA)?
No

Is the therapeutic good classified by the TGA as either a Class III or Active Implantable Medical Device (AIMD) against the TGA regulatory scheme for devices?
No

Is the therapeutic good to be used in the service exempt from the regulatory requirements of the Therapeutic Goods Act 1989?
No

Is the therapeutic good classified by the TGA as for Research Use Only (RUO)?

Please provide the TGA Application ID:

Please provide the TGA submission date (DD/MM/YYYY):
01/01/0001

Large files

Document type	File name
Large files	