**Appeal Form (HTAC Recommendation)**

**LETTER OF REQUEST**

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Core Committee

Health Technology Assessment Council

SUBJECT: Appeal on the recommendation of **[*NAME OF SPECIFIC HEALTH TECHNOLOGY*]**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

The **[*indicate name of hospital/society/organization/facility/unit/office*]** contest the **[*positive or negative*]** recommendation for **[*indicate name of proposed health technology*]** by the Health Technology Assessment Council (HTAC).

Please find attached two (2) hard and soft copies each of the following documents:

1. Accomplished proposal form, including all appropriate tables;

2. Copies of all cited studies and published articles; and

3. Other relevant documents.

The electronic copy of the documents is sent to hta@doh.gov.ph. We acknowledge that incomplete and/ or late submissions will not be processed.

Respectfully yours,

**APPELLANT’S NAME**

Designation

Name of Health Facility/ Institution/ Organization/ Company

Indicate email address, telephone and fax number

**Section 1.**

| **Appellant details and contact information** |
| --- |

| Name of appellant |  |
| --- | --- |
| Company address |  |
| License to operate / Registration no.  |  |

### **PRIMARY CONTACT DETAILS**

| Name: |  |
| --- | --- |
| Affiliation: |  |
| Position/Designation: |  |
| Email address: |  |
| Landline No.: |  |
| Mobile no.: |  |
| Postal address: |  |

### **ALTERNATE CONTACT DETAILS**

| Name: |  |
| --- | --- |
| Affiliation: |  |
| Position/Designation: |  |
| Email address: |  |
| Landline no.: |  |
| Mobile no.: |  |
| Postal address: |  |

**Section 2.**

| **General information of the health technology** |
| --- |

*For health technologies with multiple indications, kindly specify the dosage regimen for each respective indication or use a separate form for each indication.*

| **PROPOSED HEALTH TECHNOLOGY** |
| --- |
| **Name of health technology** |  |
| **Classification**  | * Drug
* Vaccine
* Medical device/equipment
* Traditional medicine
* Medical procedure
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Indication/Use**  |  |
| **Technical specifications of the health technology**  |  |

*.*

**Section 3.**

| **Summary of justification for appeal** |
| --- |

*Tick all the appropriate boxes and indicate the justification for appeal. Cite and attach all references that was used*

| Reason for appeal | Justification and references |
| --- | --- |
| * **There is/are new evidence that was not part of the initial submission that may affect the result of the assessment process**
 |  |

**Section 4.**

| **New evidence that was not part of the initial HTAC review** |
| --- |

**4.1. New evidence**

*This section should include studies that were not part of the initial review and are relevant to the recommendation made by the HTAC. Kindly indicate “N/A” or “None” if data is not available, and add more rows if necessary.*

|  | **Author** | **Year** | **Study Design** | **Population** | **Intervention** | **Control** | **Outcome** | **Reference****(DOI if published, and indicate specific page and headings of the reference)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |   |