Date

**MARITA V. TOLENTINO-REYES**

Chairperson

Health Technology Assessment Council

SUBJECT: Appeal on the preliminary HTA Prioritization scoring of **[*NAME OF SPECIFIC HEALTH TECHNOLOGY*]**

Dear **Dr. Reyes**:

The **[*indicate name of hospital/society/organization/facility/unit/office*]** contests the preliminary score of **[*indicate name of proposed health technology*]** of the Health Technology Assessment (HTA) Council due to the following reason/s:

| *Indicate rationale* |
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#### To justify the reason/s above, please find attached two (2) electronic copies (1 copy in a flash drive and 1 copy uploaded in Google Drive) of the accomplished Topic Prioritization Appeals Form.

I understand that any evidence in this appeals submission is new and not previously submitted to the HTA Council for consideration during the topic nomination. I also understand that any false or misleading information provided in this submission may lead to appropriate legal actions by the Department of Science and Technology, and agree that all disclosed information in this submission may be included in the published report, in accordance with the existing laws and policies of the country.

Finally, when the HTA Council finds that my submission is incomplete and/or not submitted within the two-week appeals period, I acknowledge that my appeal will no longer be processed.

Respectfully yours,

**APPELLANT’S NAME**

Designation

Name of Health Facility/ Institution/ Organization/ Company

Indicate email address, telephone and fax number

#  **TOPIC PRIORITIZATION APPEALS FORM**

# **Section 1.**

| **Appellant details and contact information** |
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| Name of appellant |  |
| --- | --- |
| Group or institution |  |

**Primary Contact Details**

**Alternate Contact Details**

**Section 2.**

| **General information of the health technology** |
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| **NOMINATED HEALTH TECHNOLOGY** |
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| **Name of health technology** |  |
| **Classification**  | * Drug
* Vaccine
* Medical device/equipment
* Traditional, complimentary, integrative medicine
* Medical/surgical procedure
* Preventive and promotive health service
* Other health technology (e.g., digital health technologies, and food, drinks, dietary supplements, personal care products, general equipment that are part of therapy)
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| **Indication/Use**  |  |

**Section 3.**

| **Summary of justification for appeal** |
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Grounds for appeal:

* Difference in disease severity considered for scoring components in the tool that would refer to specific stage of disease (e.g., disability weight under Burden of Disease, Cost of the disease)
* Differences in cost estimates
* Difference in the interpretation of the action of the HT on the disease

| **Appeal**  | **Justification** | **Reference** |
| --- | --- | --- |
|  |  |  |

**Section 4.**

| **References** |
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Please attach copies of all references used or cited in justifying your appeal.