



REQUEST FORM FOR A HEALTH TECHNOLOGY ASSESSMENT (HTA)

Requestor Name:			
E-Mail:	Tel:	Ext:	
Department:			
Division Head:			
Department. Head:			
Relevant Department and Divisional Heads are aware of and support this request for an evaluation.			

Please provide below your reasons for requesting this evaluation taking as much space as needed.
Please attach relevant reprints or descriptive material:

TECHNOLOGY (Name, Description, Indication for Use)
WHAT IS/ARE THE REASON (S) FOR REQUESTING THIS APPRAISAL? <i>(e.g. Adoption of a new technology at the MUHC, expansion of indications for use, innovative technology for which more effectiveness data needed, re-evaluation of existing practice to encourage appropriateness of use)</i>



HAS IT BEEN USED AT THE MUHC? WHAT IS THE ALTERNATIVE?

HEALTH BENEFITS (Attach or cite available references)

RISKS/COMPLICATIONS (Attach or cite available references)

UNIT COSTS (Direct costs of items requested)



USAGE (Quantity of drugs/expendables or number of procedures per year)

IMPACT ON HOSPITAL SERVICES (Bed usage, OPD, Etc.)

RELEVANT RESOURCE PERSON/EXPERT AT THE MUHC:

Please return this form to:
Technology Assessment Unit
Outcome Research and Evaluation (CORE)
5252 boul. De Maisonneuve, Bureau 3F.50
Montreal, Quebec H4A 3S5
Tel : 514- 934-1934 ext. 36916 e-mail: nandini.dendukuri@mcgill.ca



TAU COMMENTARY

FINAL Report Received by Department Head:	YES <input type="checkbox"/>	please check	Date:
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<u>ACTION</u> <i>(To be completed by the appropriate administrative authority)</i>
Signed: _____
(Administrative Director of Mission)
Date: _____