**New Health Technology and New Therapeutic Practices**

**Application Checklist**

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| --- | --- | --- | --- | --- |
| **TECHNOLOGY/THERAPY GENERAL INFORMATION** | | | | |
| **Date:** | |  | | |
| **Technology/Therapy Name:** | |  | | |
| **Requested Company Details:** | | *Company Name:* | *Person Name:* | |
| *Contact Number:* | *Email:* | |
| **Technology/Therapy Documents attachment** | | | | |
| # | Document Name | | Insert “√” if document is attached to the submission form | Document Name & page number |
| 1 | Completed and signed New Health Technology and New Therapeutic Practices Submission Form V2.0 | |  |  |
| 2 | Document for approval of the health technology/Therapy by FDA, EMA or any other international body | |  |  |
| 3 | Registration Certificate of the health technology/Therapy in the country of origin if applicable. | |  |  |
| 4 | Product artwork and product specifications or catalogue copy (PDF, JPEG or GIF) | |  |  |
| 5 | Official company price offer.  Cost of the technology/Therapy: financial impact, estimated contractual price | |  |  |
| 6 | Quality and impact of the technology/Therapy: Major clinical studies proving efficacy and safety published in peer reviewed journals | |  |  |
| 7 | Impact on clinical practice, expected health benefits, risks, warning and contraindications. | |  |  |
| 8 | Local (UAE) cost effectiveness studies from well-established Contract Research Organization. | |  |  |
| 9 | International cost effectiveness studies from well-established Contract Research Organization detailed technical info of the technology/Therapy. | |  |  |
| 10 | Recommendation by international reputed clinical societies and international clinical practice guidelines if possible. | |  |  |
| 11 | Signed disclosure form of the validity of information | |  |  |

**Note:**

* A maximum of two product applications are accepted per month per applicant.
* All documents should be submitted together electronically via e- mail to (ADHTAC@doh.gov.ae)
* The e-mail subject should CONTAIN the name of the product in the application form.

**Name of the Applicant**

**Date - Signature of the HTP applicant**