|  |
| --- |
| PREPARE response trigger template v1.1 20171004 |
| Please complete the information below regarding your concern |
| Date  |  |
| Name |  |
| Position |  |
| Organisation |  |
| Contact – telephone |  |
| Contact – email |  |
| Please describe your concern and provide any data that supports your concern |
|  |
| Are these data confidential?  |  YES/ NO |
| If yes, pleased briefly state the reason this information should be held in confidence  |
|  |
| What is your background and expertise? |
|  |
| Why do you think this ID outbreak is a multi-country threat to the EU? |
|  |
| What do you see as the most pressing clinical research question(s) regarding clinical management that PREPARE could address? Please provide a rationale for your question(s). Please note: you are not required to provide a research question, not is PREPARE required to respond to the question you identify.  |
|  |
| What type of study do you think PREPARE can deliver by way of a response?  |
|  |
| Have you raise this concern before? | YES/ NO |
| If yes, what new information has emerged? |  |
| PREPARE internal validation of request  |
| Trigger reference number  |  |
| Date and hour received |  |
| How trigger received  |  |
| Steps taken to validate trigger and key reasons for outcome  |
|  |
| Request validated |  YES / NO | Date  |  |
| OMC members who validated the request |  |
| Outcome communicated with person who triggered template |  |