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| --- | --- | --- | --- |
| 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 |  | | |