

**MEDICAL TECHNOLOGIES INFORMATION PROFORMA**

\*Please use this proforma for medical devices, regenerative technologies, biologics, intervention/procedures, diagnostics, traditional and complementary medicines.

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| --- | --- | --- | --- |
| **Date:** |  | **Name:** |  |
| **Company name:** |  | **Position in company:** |  |
| **Address:** |  | **Email:** |  |
| **Telephone:** |  |

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| **Technology description** | | **Confidential Information**  **Tick (√) where applicable** |
| Name of the device/product  Please list any brand name/s, synonyms |  |  |
| Who are the commercial developer/s &/or distributors (if different)? |  |  |
| Patient group &/or indication  *Please include stage of disease and targeted patient sub-groups (including sex, age-range etc)* |  |  |
| Brief description of the device (2 paragraphs)  *i.e. what it is and how it works* |  |  |
| What is the intended use of the device?  *e.g. prevention, treatment, rehabilitation* |  |  |
| What is innovative about the device? |  |  |
| What advantages does the device have over current options?  *e.g. ease of use compared to current options, non or less invasive, fewer adverse effects, shorter length of stay in hospital, fewer infections* |  |  |
| Is the device already available for a different patient group? |  |  |

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| **Stage of development, availability and launching plans** | | **Confidential Information**  **Tick (√) where applicable** |
| Date of CE mark/FDA/TGA approval/equivalent |  |  |
| If not yet CE marked or FDA/TGA/equivalent approved, when is this anticipated?  *e.g. Q3 2014* |  |  |
| Date of *actual* or *planned* launches: |  |  |
| Malaysia – research use |  |  |
| Malaysia – clinical use: private |  |  |
| Malaysia – clinical use: government facilities |  |  |
| Is it available or launch in other countries? |  |  |

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| **Research evidence** | | **Confidential Information**  **Tick (√) where applicable** |
| Published clinical trials  Please list references of relevant publications and abstracts from conferences |  |  |
| Unpublished completed clinical trial  Please provide brief details &/or web links/trial names/codes for any unpublished completed trials |  |  |
| Ongoing clinical trials  Please provide brief details by attaching copies of protocols, press release, web links |  |  |

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| **Possible impact** | | **Confidential Information**  **Tick (√) where applicable** |
| Likely impact of this technology in terms of **patient benefits** (please quantify where possible), *e.g. increased effectiveness in meeting outcomes, safety etc* |  |  |
| Likely impact of this technology in terms of **system benefits** to the health service (please quantify which possible), *e.g. price, net cost savings, training needs etc.* |  |  |

Please email/fax this Proforma to:

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