**TECHNOLOGY EVALUATION REQUEST FORM**

Please complete this form providing as much detail as possible. GRH Evaluation will not result in an official endorsement of any product or guarantee any purchase. The ideas expressed in this request will be kept confidential.

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| --- |
| **Date:** Click or tap to enter a date.  |
| **APPLICANT CONTACT INFORMATION** |
| **Name** | **Phone** | **Email Address** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| If you previously contacted the Glenrose regarding this project, please indicate the name of the person:Click or tap here to enter text. |
| **TECHNOLOGY/SYSTEMS DESCRIPTION** |
| **Name of Technology/Systems** | Click or tap here to enter text. |
| **Company** | Click or tap here to enter text. |
| **Website Address** | Click or tap here to enter text. |
| **Description of Technology/System:** background, description, population, manufacturer’s specifications, and benefits of this product over current practice. (Provide photos, if not available on the website.)  |
| Click or tap here to enter text. |
| **Current Status of Product:** [ ]  Experimental [ ]  Prototype [ ]  Commercialized [ ]  Other |
| **Category of Technology/System:**[ ]  Emerging (laboratory testing)[ ]  Investigational (initial clinical evaluation)[ ]  Established/Commercially available (accepted as standard procedure) |
| **Is this Technology/System Used Elsewhere?** Click or tap here to enter text. |
| Where? | Click or tap here to enter text. |
| For how long? | Click or tap here to enter text. |
| Do you have feedback from the users? | Click or tap here to enter text. |
| Please provide contact names  | Click or tap here to enter text. |
| **EVALUATION** |
| **What Level of Evaluation are you Requesting?** |
| **Level 1:**  | [ ] On-site direct vendor demo, vendor stays with device; no patient contact |
| **Level 2:** | [ ] On-site trial of device with staff only, device left onsite for specific time period |
| **Level 3:** | [ ] On-site trial of device with patients |
| What are your evaluation questions?Click or tap here to enter text. |
| What is your goal?Click or tap here to enter text. |
| What are the evaluation timelines?Click or tap here to enter text. |
| If you are requesting level 3 evaluation, how large of a patient sample do you require?Click or tap here to enter text.  |
| **PATIENT POPULATION**  |
| **Population Characteristics** | Indications for use/diagnostic category: Click or tap here to enter text. |
| [ ] Pediatrics |
| [ ] Adult | Contraindications: Click or tap here to enter text. |
| [ ] Geriatrics |
|  **SAFETY ASSESSMENT**  |
| **Does the Technology**  |
| Impose any risks, adverse effects, or adverse events? Click or tap here to enter text. |
| Require ethical or psychological considerations? Click or tap here to enter text.  |
| CSA Approval [ ]  Yes [ ]  NoCSA in progress – what is the expected date of approval? Click or tap here to enter text. |
| Cleaning procedures – submit with the request |
| **RESOURCE REQUIREMENTS**  |
| What are the training requirements for staff? Click or tap here to enter text. |
| What are the infrastructure/space requirements? Click or tap here to enter text. |
| Internet connectivity required? [ ]  Yes [ ]  No |
| **SUBMISSION INSTRUCTIONS**  |
| Please complete this form electronically and submit it to rehabtech@ahs.ca. In the subject line of your email, please include “GRH Product Evaluation Request.” |

Thank you!