

Application for Introduction of New Clinical Procedure and Technology

Please return the completed form to the Chief Medical Executive office.

(17/F, Block A, St. Paul's Hospital, 2 Eastern Hospital Road, Causeway Bay, Hong Kong; Email: vivian.kwong@stpaul.org.hk; Fax: 2837 5289)

I. Details of the Clinical Procedure / Technology (See Footnote):

a. Nature of New Clinical Procedure/ Technology			
b. Intended Use & Expected Caseload per year in SPH		Department	
c. Best Practice (DH registration no.; Status in HA and other Private Hospitals)			<input type="checkbox"/> CE mark <input type="checkbox"/> FDA Approval
d. Reasons for Introduction	<input type="checkbox"/> More efficacious	<input type="checkbox"/> Less invasive	<input type="checkbox"/> Faster recovery
	<input type="checkbox"/> Convenient to patient		<input type="checkbox"/> Safer
	<input type="checkbox"/> More cost-effective		
	<input type="checkbox"/> Others: _____		
e. Proof of Relevant Training or Experience (Attach Evidence of Training as Appropriate)	<u>Professional Training</u>		
	Training Institution	Course Name (Certificate)	Duration
	Dates		
	<u>Experience</u>		
	<u>Observed</u> (no. of cases)	Performed under Supervision (no. of cases)	Operated Independently by the Applicant (no. of cases) [mandatory]
	<u>Competency - Minimal requirement as independent operator defined by Academic Colleges</u> (no. of cases) [mandatory]		
f. Setting Requirement	<input type="checkbox"/>	Physical Setting:	
	<input type="checkbox"/>	Equipment / Consumable:	
	<input type="checkbox"/>	Personnel (Trained Nurses / Other Staff):	
	<input type="checkbox"/>	ICU Support:	
	<input type="checkbox"/>	Others:	
g. Intended Implementation Date	(Date / Month / Year)		
h. Potential Risks of the Procedure			

Footnote: New technology includes new radiological, laboratory or electro-diagnostic tests. Proof of relevant training or experience as per section (e) may or may not apply in such applications.

II. Declaration by the Applicant (Both Part A & B Below):

A. To the best of my knowledge and judgment, the information supplied above is accurate.	
Signature	_____
Name	_____
Position	_____
Contact Telephone Number	_____
Date	_____

B. <input type="checkbox"/> I declare I have no existing/potential* conflict of interest regarding this application <input type="checkbox"/> I would like to declare the following existing/potential* conflict of interest:	
I. Persons/companies with whom/which I have official dealings and/or private interests	
II. Brief description of my duties which involved the persons/companies mentioned in item (i) above	
Signature _____ Name _____ Position _____ Contact telephone number _____ Date _____	

For CME Office use

Date received: _____ Reference No.: _____

Management Decision:	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected with reason(s) below:	
Signature	_____
Position	_____
Date	_____

* delete as appropriate