**Submit competed petition to:** [shtap@hca.wa.gov](mailto:shtap@hca.wa.gov); **or**

Atten: Health Technology Assessment

PO Box 42712**,** Olympia, Washington 98504-2712; **or**

FAX (360) 586-8827

**Petition for technology review or re-review**

*Note: Not all questions will apply to all technologies. For assistance email the HTA program at the address above, or phone (360) 725-5126 (TTY 711).*

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| --- | --- |
| Your name: | Click here to enter text. |
| Mailing address: | Click here to enter text. |
| E-mail address: | Click here to enter text. |
| Telephone number: | Click here to enter text. |
|  |  |

**Technology topic** Click here to enter text.

*If this topic has been reviewed by the health technology assessment program in the past, skip to   
question 7, below.* See technologies HTCC has [previously reviewed](https://www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews).

1. Background information

* Does this technology have FDA approval?  Yes  No
* When was this technology approved?
* For what indications has FDA approved this technology?
* Why do you believe this technology merits consideration for assessment?
* Proposed research questions.

Click here to enter text.

2. Potential patient harm(s) or safety concerns

* What is the potential for patient harm, related to use of this technology?
* What are the likelihood and severity of the potential harms or adverse outcomes that may result from recommended use of this technology?
* Are there significant potential harms associated with this technology compared to alternatives?

Click here to enter text.

3. Therapeutic efficacy, effectiveness or diagnostic accuracy

* What is the potential effectiveness of this technology on the indicated clinical condition? (e.g., prevent/reduce mortality; increase quality of life)
* How are indicated conditions diagnosed? Is there a consensus on diagnosis?
* For diagnostic technologies: Is this technology compared to a “gold standard” technology?
* What is the diagnostic accuracy or utility?
* What published, peer-reviewed literature documents the efficacy of this technology or the science that underlies it? Please enclose publications or bibliography.

Click here to enter text.

4. Estimated total cost per year

* What are the direct health care costs of this technology (annual or lifetime)?
* What is the potential cost-effectiveness of this new technology compared with other alternatives?
* Which private insurers reimburse for use of this technology? Please provide contact information and phone numbers.

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5. Secondary considerations

* **Number of persons affected** -What are the numbers of people affected by this technology in the State of Washington?
* **Severity of condition(s)** *-* What is the severity of the condition treated by this technology? Does it result in premature death; short or long term disability? How would this technology increase the quality of care for the State of Washington?
* **Policy-related urgency *-*** Is there a particular urgency related to this technology? Is it new and rapidly diffusing? How long has this technology been in use? Is there a standard of care? Is this technology or proposed use(s) controversial?
* **Potential or observed variation** -What is the observed or potential for under, or overuse of this technology? Are there any variations in use or outcomes by region or other characteristics?
* **Special populations and ethical concerns** -Is use limited to small populations; what characteristics are present (e.g., race, ethnicity, religion, rare condition, socioeconomic status) that may impact policy decision?

Click here to enter text.

6. References

* List other organizations that have completed technology assessments on this topic (please provide date of technology assessments and links).
* Cite any Center for Medicare and Medicaid Services (CMS) national coverage decision on this topic and the date issued.
* Provide list of key references used in preparing this petition.
* Have any relevant medical organizations (e.g., American Medical Association) expressed an opinion on this technology? If so, please provide verification documents and contact names, numbers and links.
* Bibliography or reference list of requestor attached:  Yes  No

Click here to enter text.

7. For re-review petitions only

Re-review of a technology requires new evidence that could change a previous decision. What new evidence should be considered? Please provide specific publication information and/ or references.

Click here to enter text.