Valuing Innovation Project
Call for Papers

Application Form

Corresponding Author Information

<table>
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<tr>
<th>Full Name: ____________________________</th>
<th>Highest Degree(s): ____________________________</th>
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| Organization: ____________________________ | Position: ____________________________ |

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| Phone: ____________________________ | Email: ____________________________ |

How did you learn about the Call for Papers?

☐ IVI website
☐ Public announcement
☐ IVI newsletter
☐ Social media (e.g., LinkedIn)
☐ Other, please explain: ____________________________________________

Paper Information

| Paper Title: ____________________________ |

Which of the following primary research themes does the proposed paper address (please fill in yes or no)?

☐ How do we better define, measure, and reward scientific spillovers in HTA?
☐ How do we better define, measure, and reward real options value in HTA?
☐ How can HTA better account for the impacts of innovation on broader society beyond the healthcare sector (e.g., education, employment, overall GDP)?

Does the proposed paper address any of the following secondary research themes (check as many as apply)?

☐ How can we make better use of qualitative and quantitative patient input (e.g., unmet needs) to inform the processes and methods of HTA?
☐ How can different stakeholders better coordinate data collection efforts to address critical gaps in quantifying the value of innovation in HTA?
How do we develop a consensus framework on the definitions and measurement of innovations in HTA?

Which of the following best describes the submission type (please check one)?

☐ Conceptual paper
☐ Methodological paper
☐ Empirical paper
☐ Other, please explain:__________________________________________________________

Additional Authors

Please list any additional co-authors below.

Name: ___________________________ Project Role: ___________________________
Organization: ___________________________ Position: ___________________________
Email: ___________________________

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Name: ___________________________ Project Role: ___________________________
Organization: ___________________________ Position: ___________________________
Email: ___________________________

Additional Information about the Project Team (Optional)

This section collects additional information about the authors. These questions are optional.

Gender of the corresponding author:

☐ Male
☐ Female
☐ Other
Race or ethnicity of the corresponding author:

☐ Hispanic or Latine
☐ White (not Hispanic or Latine)
☐ Black or African American (not Hispanic or Latine)
☐ Native Hawaiian or Pacific Islander (not Hispanic or Latine)
☐ Asian (not Hispanic or Latine)
☐ American Indian or Alaskan Native (not Hispanic or Latine)
☐ Other

When did the corresponding author obtain the last academic degree?

☐ In the past five years
☐ More than five years ago

Does your project team include members that are (check all that apply):

☐ Veterans
☐ Individuals with disability status
☐ Patients or caregivers
☐ Patient advocates
☐ Individuals that conduct patient-centered research
☐ Other patient perspectives, please explain: ______________________________________

Disclaimer and Signature

I certify that the statements herein are true, complete, and accurate to the best of my knowledge.

Signature: ___________________________________________ Date: ______________