

## Application Form

### Corresponding Author Information

Full Name: \_\_\_\_\_ Highest Degree(s): \_\_\_\_\_  
Last First M.I.

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State ZIP Code

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: \_\_\_\_\_

Name: \_\_\_\_\_ Project Role: \_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Project Role: \_\_\_\_\_

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Email: \_\_\_\_\_

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: \_\_\_\_\_