

Section A – Details of the Medical Practitioners

Name: _____
 Job Title: _____
 Speciality: _____

Section B – Details of New Procedure / Technology/ Treatment

Brief description of Procedure / Technology/ Treatment:

Evidence Base:

Risk and Benefits:

Risk Assessment of most common complications :

Management plan in the event of complications including financial liability:

*Please inform the QSR team if any severe complications arise related to the new procedure, technology, or treatment within the first year (Email: qsr@gleneagles.hk)

Any ethic concern:

For Medical Equipment:

Registration with CE ? Yes No
 Registration with USFDA ? Yes No

Who is to undertake this Procedure/ Technology/ Treatment?

Proposal for The Introduction of A New Clinical Procedure/ Technology/ Treatment

Who is the contact person for this Procedure/ Technology/ Treatment?

What evidence do you have that these individuals are competent to undertake this Procedure/ Technology/ Treatment?

What patient information will be provided?

What are the drug prescribing requirements in relation to this procedure?

Suggested patient charges:

Is the technology being used in Hong Kong public hospital? Yes No

Hospital name(s):

Section C - Approval

Chief of Specialty

Approval Yes No

(Approval can be provided either through email or signature)

Email Approval on _____

Signature: _____

Date: _____

Chairman of Quality and Technology Committee

Approval Yes No

(Approval can be provided either through email or signature)

Email Approval on _____

Signature: _____

Date: _____

*To prevent any conflict of interest, if the Chairman of Quality and Technology Committee is the same individual as Chief of Specialty, the application will be forwarded to COO/CMO and CEO for review.

Chief Operating Officer /

Chief Medical Officer

Approval Yes No

(Approval can be provided either through email or signature)

Email Approval on _____

Signature: _____

Date: _____

Chief Executive Officer

Approval Yes No

(Approval can be provided either through email or signature)

Email Approval on _____

Signature: _____

Date: _____

Please put a "tick" in the as appropriate