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| Outbreak response trigger template v1.0 20240606 |
| Please complete as thoroughly and clearly as possible |
| Date  |  |
| Name |  |
| Position |  |
| Organisation |  |
| Telephone |  |
| Email |  |
| Please describe your concern and provide any data that may support it |
|  |
| Are these data confidential?  |  YES/ NO |
| If yes, pleased briefly state the reason this information should be held in confidence  |
|  |
| What is your background and expertise? |
|  |
| Why do you think this ID outbreak is a multi-country threat to the EU? |
|  |
| What do you see as the most pressing clinical research question(s) regarding clinical management that Ecraid could address? Please provide a rationale for your question(s). Please note: you are not required to provide a research question, nor is Ecraid required to respond to any questions you propose.  |
|  |
| What type of study do you think Ecraid can deliver by way of a response?  |
|  |
| Have you raised this concern before? | YES/ NO |
| If yes, what new information has emerged? |  |
| Internal validation of request  |
| To be completed by a member of Ecraid’s outbreak response expert group |
| Trigger reference number  |  |
| Date and hour received |  |
| How trigger received  |  |
| Steps taken to validate trigger and key reasons for outcome  |
|  |
| Request validated |  YES / NO | Date  |  |
| Members who validated the request |  |
| Outcome communicated with person who triggered template |  |