# Call for expressions of interest for the Innovative Health Initiative Patient Pool

Important notice: If you want to submit an expression of interest to be part of the IHI Patient Pool, **you must use this online form** <https://cloud.ihi.europa.eu/web/pool-of-patient-platform>. The web form has 4 pages. Fields marked with an asterisk (\*) are obligatory, and you must complete all obligatory fields in a page before moving on to the next page. You must complete the whole form in one go in order to submit it; you cannot save the form and come back to it later.

We therefore recommend you prepare your answers to the questions using **this word version of the form**. Once you are happy with your answers, you can simply copy and paste them into the online form and submit. We do not accept expressions of interest submitted via e-mail.

**Personal Details**

Title \* ( ) Mr ( ) Mrs ( ) Ms ( ) Mx ( ) Dr ( ) Professor

Family name \* \_ \_ \_ \_ \_ \_

First name \* \_ \_ \_ \_ \_ \_

Gender \* ( ) Male ( ) Female ( ) Non-binary ( ) Rather not say

Address (including street name and number, post code and city/region) \* \_ \_ \_ \_ \_ \_

Country of residence \* \_ \_ \_ \_ \_ \_

Phone number \* \_ \_ \_ \_ \_ \_

E-mail address \* \_ \_ \_ \_ \_ \_

Nationality \* \_ \_ \_ \_ \_ \_

Date of birth \* \_ \_ \_ \_ \_ \_

Occupation \_ \_ \_ \_ \_ \_

Level of education \*

( ) Post graduate education

( ) Higher education (University)

( ) Post-secondary education

( ) Secondary education

( ) Training courses

Were you a member of the IMI2 JU patient pool established in 2019? \* ( ) Yes ( ) No

I am a \* ( ) Patient ( ) Family member/informal carer of a patient

Please indicate your disease/condition area of interest \*

( ) Cancer

( ) Cardiovascular disease

( ) Metabolic diseases (metabolic syndrome, etc.)

( ) Diabetes

( ) Mental disorders

( ) Neuro-psychiatric disorders and brain diseases including pain

( ) Neurodegenerative diseases

( ) Musculoskeletal disorders

( ) Respiratory diseases

( ) Aging related disorders

( ) Paediatric diseases

( ) Inflammatory and Immune (and auto-immune) system diseases

( ) Infectious diseases (bacteria)

( ) Infectious diseases (viral)

( ) Rare diseases

( ) Disability and rehabilitation

( ) Reproductive and fertility disorders (endometriosis, uterine fibroids, pelvic inflammatory disease, polycystic ovary syndrome, etc.)

( ) Eating disorders (obesity, anorexia, bulimia)

( ) Nutritional diseases

( ) Endocrine disorders

( ) Haematological (blood) diseases

( ) Rheumatological diseases

( ) Ophthalmological (eye) diseases

( ) Dermatological (skin) diseases

( ) Transplantation

( ) Other

Please provide additional information on your disease/condition area of interest.

For example, here you can indicate a specific disease/condition e.g., type 1 diabetes, Alzheimer's disease, Crohn's disease etc. \* \_ \_ \_ \_ \_ \_

**Language skills**

English \*

( ) A1 Basic User

( ) A2 Basic User

( ) B1 Independent User

( ) B2 Independent User

( ) C1 Proficient User

( ) C2 Proficient User

Add additional language

Language \_ \_ \_ \_ \_ \_

Level

( ) A1 Basic User

( ) A2 Basic User

( ) B1 Independent User

( ) B2 Independent User

( ) C1 Proficient User

( ) C2 Proficient User

**Profile**

Skills related to IHI's activities. Please note that the information you provide in this section will enable the IHI Programme Office to identify the most suitable person for each task/assignment.

1. Knowledge and/or experience in using telemedicine applications/tools, mobile medical apps, or any other digital, remote, wearable technologies in medical healthcare (i.e., consultation, monitoring treatment). \*

( ) Yes ( ) No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

\_ \_ \_ \_ \_ \_

2. Knowledge and/or experience in reporting patient experience, preference, outcome, etc. \*

( ) Yes ( ) No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

\_ \_ \_ \_ \_ \_

3. Being a member of a patient organisation. \*

( ) Yes ( ) No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

\_ \_ \_ \_ \_ \_

4. Knowledge and/or experience of patient engagement and/or patient involvement activities and/or experience of participating in health or patient-centric meetings organised for example by companies, patient organisations, scientific projects, EU initiatives/bodies (i.e., European Commission, European Medicines Agency, IMI2/IHI, EU agencies, etc.) or any other national/international health organisations. \*

( ) Yes ( ) No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

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5. Knowledge and/or experience of IMI/IHI and its activities (e.g., evaluating proposals, reviewing projects, attending close-out meetings and webinars, etc.). \*

( ) Yes ( ) No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

\_ \_ \_ \_ \_ \_

6. Knowledge and/or experience of research and innovation activities and/or public-private partnerships. \*

( ) Yes ( ) No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

\_ \_ \_ \_ \_ \_

7. Knowledge of health industries, namely the pharmaceutical, medical technology, imaging and diagnostics, biotechnology, digital health and vaccine industries. \*

( ) Yes ( ) No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

\_ \_ \_ \_ \_ \_

8. Knowledge of ethics and/or regulatory processes and/or experience of working/interacting with different stakeholders in medicines/medical device development and evaluation such as health technology assessment (HTA) bodies, regulators, payers, medical practitioners, etc. \*

( ) Yes ( ) No

If yes, please explain in a few lines (max 4000 characters) how you have acquired this knowledge and/or experience.

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**Motivation**

In the motivation section you may provide any additional information to support/demonstrate your interest in fostering patient-centred innovation and participating in IHI JU activities.

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**Declaration**

1. I declare on my word of honour that the information provided above is true and complete and I am aware that any incorrect statement may invalidate my application at any point.
2. I confirm that I am willing to make a commitment to act independently in the public interest and to make complete declarations of any direct or indirect interests that might be considered prejudicial to my independence.

**Name of Applicant** \_ \_ \_ \_ \_ \_

**Date** \_ \_ \_ \_ \_ \_

**Signature** \_ \_ \_ \_ \_ \_

( ) \* I agree with the above declaration.

( ) \* I hereby give my consent to the processing of my personal data for the organisation of the call for expressions of interest for the IHI JU's pool of patient experts, as described in the [relevant privacy statement](https://www.ihi.europa.eu/legal-notice-and-privacy) and in accordance with [Regulation 2018/1725](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018R1725). I can freely withdraw my consent at any time by contacting the data controller, in which case all processing operations that were based on my consent and took place before the withdrawal of consent remain valid.

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