



ADVANCE+ Programme MEGS Request Pro Forma

Please complete all sections of this form, failure to do so could result in either a rejection or a request for additional information.

Once completed, please email this form to uk.grants@novartis.com.

Please note that the provision of this MEGS is subject to the available capacity (on 'first come, first served' basis) and the request meeting the below set criteria.

Please note that all 'Benefits in Kind' (including MEGS) to Health Care Organisations (HCOs) will be disclosed by Novartis on the ABPI disclosure portal as required by the ABPI PMCPA Code of Practice. Any disclosure made by Novartis will be against HCOs only.

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| Submission Date: | |
| Healthcare Organisation Details: (Name, Address) | Submitted by: (Name, Contact Details) |
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Please specify the unmet need that leads you to make this application and what the specific benefits for your institution are:

In line with ABPI guidance, this MEGS can only be granted to healthcare teams that meet the criteria outlined by Novartis, and is subject to available capacity and disclosure requirements.

| In order to be determined suitable to receive the Advance+ programme via the MEGS route, a healthcare team must meet the following criteria: | |
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| Criteria | How the Healthcare team meets the criteria |
| Proposed attendees must demonstrate a share of voice and represent a cross-functional team | |
| The team must demonstrate alignment to the NHS agenda and the long term plan | |
| The team must demonstrate that it is part of a wider agenda that is linked to service improvement for the benefit of patients | |
| The team must demonstrate a clearly identifiable unmet need to improve commissioning and/or service effectiveness with the aim of improving patient care | |

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| Designated contract signatory should the application be successful: (Name, Position, Email) | |
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