



Novartis MEGS Request Form

Only for use with unsolicited Healthcare Organisation MEGS requests. Please review the information on the application process and our eligibility criteria on Novartis.co.uk before making an application.

Please complete all the sections as failure to do so could result in either a rejection or a request for additional information. Requests will be reviewed by a Grants Review Panel.

Completed forms and relevant supporting documentation should be sent to **uk.grants@novartis.com** at least 3 months in advance of an intended start date for the service. If you have any general questions about this form or the process, please send them to the same email address.

Please note that not all of the types of MEGS below are available for all disease areas. For all forms of MEGS requests, provision is subject to:

- (i) available capacity;
- (ii) the request meeting the criteria of the available support; and
- (iii) provision being permitted within applicable laws, guidelines and codes (for example the ABPI Code).

For further information please refer to the MEGS Clause in the ABPI Code of Practice for the Pharmaceutical Industry.

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.

Submission date:

Healthcare Organisation details:
[Name, Address]

Submitted by and contact details:
[Name, Title, Email, Phone, Fax]

Have you previously received funding from Novartis? If yes, please provide details:

Please indicate which of our MEGS you are interested in:

Nursing support for patient review services

Service audits to facilitate service and patient pathways redesign

Nursing support for patient database audit review

Support for research activities

Interest in bespoke MEGS project

Please provide information regarding your availability to discuss your request further with a Novartis medical associate:

Please briefly detail how the project will improve patient care (including identification of any relevant therapy area):

Please specify the unmet need that leads you to make this application and what the specific benefits for your institution are:

If you are interested in a bespoke MEGS service, please provide a description of the service or programme you would like to implement:

Please indicate the intended timeframe for the project:

Is there anything else that you would like to make Novartis aware of?

Thank You

- Completed forms and relevant supporting documentation (if any) should be sent to uk.grants@novartis.com.
- Please send any questions to the same email address.