

## 諮詢服務申請表 Consulting Service Application Form

本次諮詢案件類別 Type of Consultation :

藥品 Drug

**已變更申請單版本，請重新點選** Please click on the following link for the updated version.

[https://www1.cde.org.tw/workflow/cons/applyform\\_drug.php](https://www1.cde.org.tw/workflow/cons/applyform_drug.php)

醫療器材 Medical Device

醫藥科技評估 Health Technology Assessment

(說明:受理中央健康保險署委託之新醫藥品核價申請之諮詢案。Applications for the new drug reimbursement cases which are commissioned by the NHIA.)

健康食品 Health Food (Dietary Supplement)

1. 諮詢申請單位名稱： \_\_\_\_\_

Name of company or applicants

2. 申請日期： \_\_\_\_\_

Date

3. 期望之諮詢回覆方式 (可複選) The format of the response/feedback (multiple choice)

諮詢會議 face-to-face meeting/teleconference

書面意見 written reply

電話回覆 reply by phone calls

書信(e-mail)回覆 e-mail

\* 如召開諮詢會議，擬出席人員：(公司或單位名稱/出席人員姓名/職銜)

For a face-to-face meeting, please provide attendances' information. (Company/Name/Position)

\_\_\_\_\_

\_\_\_\_\_

4. 諮詢議題 Consultation topics : **請提供 Please provide the following information.**

案件背景 Background :

諮詢內容 Content : (諮詢內容請勿超過 4 千個字 The content shall be limited to 4000 words.)

5. 檢附資料 Supplementary :  否 No  是 Yes , 內容說明 Detail : \_\_\_\_\_  
( 本中心網站目前並未提供線上檢附資料之功能, 相關資料請於案件受理後, 待專人與您聯繫  
再行提供。 Data upload function is unavailable currently. We will contact you once receiving the  
application, and please provide yours supplementary afterwards. )

6. 連絡資訊 Contact Information

姓名 Name : \_\_\_\_\_ 職銜 Position : \_\_\_\_\_  
電話 Telephone Number : \_\_\_\_\_ 傳真 Fax Number : \_\_\_\_\_  
E-mail address : \_\_\_\_\_

( 您將收到我們的回函, 請務必填寫正確 E-Mail。 You will receive our reply by e-mail, please be sure to fill correctly. )

連絡地址 Address : \_\_\_\_\_