



Devices, Tools or Related Information Concept Submission form

CAUTION: This is not a secure or protected message system. Please do not provide sensitive personal information such as your social security number or medical condition.

Title of Device/Tool *

This research was funded in whole or in part by *

Referred by *

By whom? *

Contact Information

Organization Name *

Lead Individual's Name *

Organization/Company Street Address *

Organization/Company Email *

Organization/company Phone Number *

Website

If applicable.

Concept Topic Areas *

Aftercare
Domestic Violence
Guidelines
Prevention
Rehabilitation
Resilience
Suicide Prevention
Depression
Education
Mental Illness
PTSD
Reintegration
Screening
TBI
Diagnosis
Employment/Vocational
Mitigation
Quality of Life
Relationship Issues
Substance Abuse
Training

Populations that would benefit from this information/Concept

Active Duty
Children
Leaders
Nurses
Researchers
Units
Case Managers
Communities
Medics/Corpsmen
Other Health Providers
School Personnel
Veterans
Chaplains
Families
Mental Health Providers
Primary Care Providers
Spouses

Other Population**Other topic Area****What is the purpose of this submission?**

What do you hope to gain as a result of this concept submission? e.g. "Request dissemination of information about this device/tool throughout DoD" or "Request DHA be aware of our device that sows improved outcomes for PTSD/TBI".

Focus of Device/Tool

e.g. What does the device do? What were the results?

Device/Tool components

e.g. what is used? How is it used? How long is the device/tool used? etc.

Demographics

e.g. "This device assists active duty Service Members post-deployment" or "This device/tool is for inpatient treatment of adolescent military family members ages 12-18 with mood disorders"

Current Populations where device/tool already in use

e.g. Has device been used in populations? Where/When/Outcomes, contact information of location and/or points of contact?

Contraindications for Device/Tool

e.g. What populations are not recommended to use this device/tool? What are the limitations of the device?

Approvals for Third Party Reimbursement

i.e. insurers who have approved

Future activities/plans

e.g. "We will be presenting this device at " or "We are refining/expanding our device to __" or "We have applied for a grant with."

Additional information DHA should know

Evidence to Support Device

Please list supporting empirical evidence for use of the device. If anecdotal evidence please list as such.

Randomized Controlled Studies

Citation or short paragraph for each or Not Available

Case Studies/Case Reports/Anecdotal Evidence

Citation or short paragraph or N/A