



Request by agency to Consumers United for Evidence-Based Healthcare (CUE) for a Consumer Representative

This form is to be sent for completion to organizations requesting from CUE a consumer/patient representative for one of their committees or projects.

Request ID (____ -- ____):

Coord. Initials (____):

Administrative Use Only

One form should be completed for each request. If two consumers are wanted for same purpose, then two requests are also required.

1. Date of request (mm/dd/yyyy):
2. Name of person authorizing request:
 - a. Prefix:
 - b. First:
 - c. Middle initial:
 - d. Last:
3. Title or role of person at organization authorizing request to CUE for consumer/patient rep:
4. Name of organization making request:
5. Name of person completing this form: Check here if same as person authorizing request, and do not complete items a-d
 - a. Prefix:
 - b. First:
 - c. Middle initial:
 - d. Last:
6. Phone number of person completing this form ([area code]- ____ - ____):
 - a. Country code (leave blank if U.S.):
7. Email address of person completing this form:
8. Type of engagement/description of request (check all that apply):
 - a. Advisory committee:
 - b. Guidelines panel:
 - c. Grant participation:
 - d. Peer reviewer:
 - e. Other:
 - e.1 If "other", please explain:
9. Start date of commitment (mm/yyyy):

10. End date of commitment (mm/yyyy):
11. Approx. total hrs. of service per month being requested of consumer/patient:
12. Will reimbursement for expenses be offered?:
- a. If "yes", please describe (e.g., travel to meetings):
13. Will pay for work be offered?
- a. If "yes", how will payment be determined? (Check all that apply):
- a.1 Time of service:
- a.2 Honorarium:
- a.3 Other:
- a.3.1 If "other", please explain:
- b. If "yes", what amount will you offer?:
14. Desired characteristics of the consumer representative(s):
15. Brief description of your expectations of the consumer representative (Check all that apply):
- a. Contribute to ongoing discussions:
- b. Contribute to written materials:
- c. Respond to materials others write:
- d. Phone calls:
- e. Meeting participation- in-person:
- e.1 If in-person, where are the meetings?:
- f. Meeting participation by teleconference:
- g. Other:
- g.1 If "other", please explain:
16. Deadline for request to be filled (mm/dd/yyyy):
17. Electronic signature of person completing this form:
18. Date form completed (mm/dd/yyyy):

Please do not fill out any information below this line: Administrative use only.

ReqOrgID:

Date request received: