

**Application Form – Menzies MS Health Economics Simulation Model**

<b>Contact Details</b>	
Title:	
First Name:	
Surname:	
Role:	
Institute:	
Address:	
Phone:	
Email:	
ABN:	
Health economics experience Y/N	
Health economics experience Y/N	
Experience in health economics modelling studies Y/N	
Experience in using TreeAge Pro software Y/N	
<b>Summary of research project for which you would like to use the Menzies MS Health Economics Simulation Model</b>	
<b>Model inputs parameters requesting to edit</b>	
Baseline Age Y/N	Annual Societal costs of MS – total
Life Table Y/N	No Y/N
Annual Transition Probabilities	Mild Y/N
No to No Y/N	Moderate Y/N
No to Mild Y/N	Severe Y/N
No to Moderate Y/N	Annual Societal costs of MS – direct
No to Severe Y/N	No Y/N
Mild to No Y/N	Mild Y/N
Mild to Mild Y/N	Moderate Y/N
Mild to Moderate Y/N	Severe Y/N
Mild to Severe Y/N	Annual Societal costs of MS – indirect
Moderate to No Y/N	No Y/N
Moderate to Mild Y/N	Mild Y/N
Moderate to Moderate Y/N	Moderate Y/N
Moderate to Severe Y/N	Severe Y/N
Severe to No Y/N	Disutility of relapse
Severe to Mild Y/N	No Y/N
Severe to Moderate Y/N	Mild Y/N
Severe to Severe Y/N	Moderate Y/N
Health state utilities	Severe Y/N

No Y/N	State-dependant relapse probabilities
Mild Y/N	No Y/N
Moderate Y/N	Mild Y/N
Severe Y/N	Moderate Y/N
Annual discount rate Y/N	Severe Y/N
Intervention costs (per patient per year) Y/N	Relative risk of mortality
Intervention effect on disability progression Y/N	No Y/N
Intervention effect on relapse Y/N	Mild Y/N
	Moderate Y/N
	Severe Y/N
<b>Additional Information you would like to provide in support of your application</b>	
<b>Declaration:</b>	I confirm I have read and agree to the UTAS <input type="checkbox"/> Privacy policy <input type="checkbox"/> End user license agreement
<b>Signature:</b>	
<b>Date:</b>	