



IMI REPORT

Number: 26830.1

PR - Patients' rights - information request

Request summary

Dates

Number of days in which reply is requested	7
Days in which reply will be sent	7
Date sent	31/05/2021
Date accepted	31/05/2021
Date due	07/06/2021

Purpose and background of the request

Reason for sending the request	(en) sample text
Sender's local / national reference number of the request (if any)	sample text
Background information (if relevant)	(en) sample text

Request details

Information provided by the sender

Member State of treatment	Austria
First name(s) of the health professional	sample text
Surname(s) of the health professional	sample text
Nationality of the professional (if known)	Austrian
Date of birth (if known)	02/05/2021
Country of birth (if known)	Austria
Place of birth	sample text
	Place of practice / Address of the professional
Country	Austria
Federal State / Region	
Region / Area	sample text
Town / City	sample text
Postcode	sample text

Street and number	sample text
Additional information about the place of practice	(en) sample text
Contact details of the professional	Available
Telephone number	+12345678
E-mail address	sample@text.imi
Website	https://www.sample.com
Additional information about the professional (other contact details)	(en) sample text
Profession practiced by the health professional	Known
Profession	Anatomicopathological and cytological technician
Additional information about the qualification of the professional (e.g. country or institution where obtained)	(en) sample text

[PR01] Is the professional currently entitled to practice the above mentioned profession in your country?

	[PR01] Is the professional currently entitled to practice the above mentioned profession in your country?
Answer	No
Is he/she entitled to practice any other health profession?	Yes
Which profession is he/she entitled to practice?	Chiropodist (podiatrist)

[PR02] Was the professional currently entitled to practice the above mentioned profession in your country?

[PR02] Was the professional entitled to practice the above mentioned profession in your country during the following period?	(en) sample text
Answer	No
Was he/she entitled to practice any other health profession?	Yes
Which profession was he/she entitled to practice?	Chiropractor

[PR03] Is the professional registered in your country?

	[PR03] Is the professional registered in your country?
Answer	Yes
Register name	(en) sample text
Registration number	sample text

[PR04] Was the professional authorised to provide the health care service described below?

[PR04] Was the professional authorised to provide the health care service described below?	(en) sample text
Answer	No
Additional information	(en) sample text

[PR05] Did the professional issue the attached document?

Attachment	File name: Test attachment.pdf Added by: EU - IMI System Added on: 31/05/2021 09:49 CEST
Answer	No, see details below
Additional information	(en) sample text

[X091] Document 1 - Please confirm the authenticity of the attached document

Attachment	Attachment name: sample text File name: Test attachment.pdf Added by: EU - IMI System Added on: 31/05/2021 09:49 CEST Comment: (en) sample text
Answer	Verification was not possible.
Reasons why verification was not possible	(en) sample text

[X092] Document 2 - Please confirm the authenticity of the attached document

Attachment	Attachment name: sample text File name: Test attachment.pdf Added by: EU - IMI System Added on: 31/05/2021 09:49 CEST Comment: (en) sample text
Answer	Verification has not been done because
Reasons why verification was not done	(en) sample text

Request details

Request details	(en) sample text
Attachment	File name: Test attachment.pdf Added by: EU - IMI System Added on: 31/05/2021 09:49 CEST
Contact person for the request	sample text

Answer details

Detailed answer	(en) sample text
Attachment	File name: Test attachment.pdf Added by: EU - Training authority Added on: 31/05/2021 09:53 CEST
Contact person for the reply	sample text
Recipient's local / national reference number	sample text
	Documents added after the request has been sent can be found on the 'Messages and Attachments' tab

Messages and Attachments

Management Information

Form	PR - Patients' rights - information request
Management type	Request
Number	26830

Status	Accepted
Version	1
Last update	31/05/2021 09:53 CEST

History

History Item	Version: 1 Action: Request edited Old status: Accepted New status: Accepted Modified by: USER training Date: 31/05/2021 09:53 CEST
History Item	Version: 1 Action: Request accepted Old status: Awaiting acceptance New status: Accepted Modified by: USER training Date: 31/05/2021 09:51 CEST
History Item	Version: 1 Action: Request sent Old status: Draft New status: Awaiting acceptance Modified by: HELPDESK EC IMI Date: 31/05/2021 09:50 CEST
History Item	Version: 1 Action: Request saved Old status: Initial status New status: Draft Modified by: HELPDESK EC IMI Date: 31/05/2021 09:49 CEST

Requesting Authority

Authority name	European Commission Commission européenne Europäische Kommission
Authority informal title	IMI System
Country	EU
Address	Rue de Spa, 2 1000 Bruxelles
Telephone	+ +32 229 55470
Fax	+ +32 229 68867
E-mail	IMI-Helpdesk@ec.europa.eu

Requesting Coordinator

Authority name	European Commission Commission européenne Europäische Kommission
Authority informal title	IMI System
Country	EU
Address	Rue de Spa, 2 1000 Bruxelles
Telephone	+ +32 229 55470
Fax	+ +32 229 68867
E-mail	IMI-Helpdesk@ec.europa.eu

Responding Authority

Authority name	Training authority Training authority Training authority
Authority informal title	Training authority
Country	EU
Address	street and number 1234 town
Telephone	+3212345678
Fax	
E-mail	training@ec.imi