

## WHO ICD URC Draft Application Form (English)

Name of academic society		
Date of application		dd/mm/yyyy:
Responsible applicant		
Contact info. (tel./email)		(    )      –      /      @
Primary Code Affected (Related ICD-10 code and its title/classification name)		
Related disease names		
Overview	<input type="checkbox"/> Deletion of existing code <input type="checkbox"/> Movement of existing code <input type="checkbox"/> Addition of new code (making subdivisions of an existing code)	<input type="checkbox"/> Amendment to the title of an existing code <input type="checkbox"/> Addition of an inclusion/exclusion term [Please select: incl. / excl. of tabular list, index entry] <input type="checkbox"/> Correction or clarification of a code assignment for an existing term [Please select: incl. / excl. of tabular list, index entry]
	<input type="checkbox"/> Other	
Detailed description of proposal		
Rationale/Background of proposal		

Continued

Evidence	Definition of the disease entity		
	Sign/Symptom		
	Etiology		
	Clinical findings		
	Other (e.g. information of underlying condition, complication or prognosis, diagnosis criteria, treatment, related guidelines etc.)		
	Epidemiological information		
	Number and rate of incidence/ prevalence	Japan	
		World	
	Number and rate of death	Japan	
		World	
	Other (e.g. importance from a public health perspective, gender difference, common age, regional aspect etc.)		
	Degree of medical consensus		
Supporting English publications			
Remarks			