

Health Bridge Uganda · Decision & next steps

COMPLETE LOCALLY WITH CONSENT · Discussion record, not a contract, enrollment or launch authorization.

Discussion outcome

☐ Explore synthetic evaluation ☐ Revise scope ☐ Request evidence ☐ Defer. Rationale / open concerns: [_____].

Proposed sponsor and institutions — confirm willingness

Named sponsor: [_____]. Institution / role: [_____]. Proposed pilot institution(s): [_____]. Confirmed willing? ☐ Yes ☐ Not yet. No participation is assumed.

Requirements and accountability

Named requirements owner: [_____]. Joint pilot owner, if agreed: [_____]. Insurer decision / hospital billing / provider documentation / broker coordination leads: [_____].

Scope and requirements to agree

Synthetic service subset / cases: [_____]. Existing system mapping / integration questions: [_____]. Acceptance measures and evidence: [_____]. Exclusions and dependencies: [_____].

Follow-up meeting — subject to agreement

Proposed date/time: [_____]. Participants: [_____]. Agenda: [_____]. Scheduling owner: [_____]. Confirmation pending? ☐ Yes ☐ No.

Actions and evidence owners

Action 1 / owner / target review: [_____]. Action 2 / owner / target review: [_____]. Privacy/security/legal requirements owner: [_____].

Commercial and approval boundary

Budget owner: [_____]. Budget: [uncommitted / estimate requested]. Written scope/quotation and institutional authorization needed. Illustrative 60–90 day evaluation is not a delivery promise. No real patient data, actual payments or production claims.

Local record and consent

Recorded by (consented): [_____]. Date: [_____]. Follow-up permission ☐ Yes ☐ No. Store through your agreed institutional process; Health Bridge does not submit or save this sheet. Do not add patient data, credentials or confidential records.