



ESPGHAN

SUBMISSION FORM FOR A SOCIETAL GUIDELINE

Introduction			
Title of Guideline:			
Prepared by: - Committee - Special Interest Group - Working Group			
SOCIETY	<input type="checkbox"/> ESPGHAN	<input type="checkbox"/> NASPGHAN	<input type="checkbox"/> JOINT ESPGHAN/NASPGHAN
Lead (first) Author(s): ESPGHAN NASPGHAN (for individual society papers, only one society needs to be filled out)	Name	Institution/ E-Mail Address	DOI/COI Form submitted
	ESPGHAN:		<input type="checkbox"/>
	NASPGHAN:		<input type="checkbox"/>
Last Authors(s): ESPGHAN NASPGHAN (for individual society papers, only one society needs to be filled out)	Name	Institution/ E-mail Address	DOI/COI Form submitted
	ESPGHAN:		<input type="checkbox"/>
	NASPGHAN:		<input type="checkbox"/>
Authors: NOTE: For all authors, please indicate the area of expertise and expected contribution to the work proposed.	Name	Institution/ E-Mail Address	DOI/COI Form submitted
			<input type="checkbox"/>
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			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Are parent and/or patient groups involved? State yes or no, if yes provide details	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Details:			

Scope of the Guideline	
Disease Condition:	

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Research Questions	Please attach an outline of the proposed work to this submission. Please note that authors of NASPGHAN Societal Papers are required to submit learning objectives and 5 multiple choice test questions following acceptance of the work for the purpose of CME and MOC. Kindly check the following box to indicate the authors' understanding of this responsibility. <input type="checkbox"/>
Target Population :	
Objective :	
Intended Users:	

Methodology (please indicate whether the Group will apply the methodology)	
1.	<p>Formulating the clinical questions, applying the PICO format (Patient / Intervention / Comparison / Outcome)</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> No</p>
2.	<p>Systematic bibliographic search</p> <ul style="list-style-type: none"> - Databases used: Medline-PubMed, Pre medline, Embase, The Cochrane Library - Using Appropriate Search Strategies Relevant to the Clinical Questions <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> No</p> <p>Provide Search Strategies: _____</p> <p>Intended Dates for Search: _____</p>
3.	<p>Criteria for Study selection</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> No</p>
4.	<p>Quality appraisal:</p> <p>Oxford Evidence Levels for Primary Studies <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agree for Guidelines <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amstar for Systematic Reviews <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>GRADE for Primary Studies <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.	<p>Evidence tables (Grade tables can be used)</p> <p>Summarizing Evidence <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Summarizing Adverse Events and Risks <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6.	<p>Formulating recommendations</p> <p>Provide Link Between the Evidence and the Recommendations</p> <p style="text-align: right;"><input type="checkbox"/> Yes</p> <p style="text-align: right;"><input type="checkbox"/> No</p>

General Information

Preliminary work: (if applicable)	
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Proposal for outsourcing of specific research questions:		
Budget		
(Please include a detailed breakdown of all expected costs in EUR and USD.)	Description:	Amount:
		EUR/USD
		EUR/USD
		EUR/USD
	Total Budget requested for Guideline:	
Proposed time plan: Please plan time for the societies to evaluate the proposal	Date submission of proposal:	
	Approval by Committee Chair	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
	Approval by Committee CCQ Chair:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
	Estimated time of completion of the guideline:	
	Estimated date submission of guideline:	