



SUBMISSION FORM FOR SOCIETAL POSITION PAPER

| General Information | | | |
|---|--|------------------------------------|---|
| Title of Position Paper: | | | |
| 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 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"/> |
| 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 |
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| Motivation/synopsis of paper (Background why is this paper needed?) Please attach additional information as needed. | | | |
| Preliminary work: (if applicable) | | | |
| 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"/> | | |



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| Proposed Methodology | | | | |
|---|--|------------------------------|-----------------------------|---|
| Databases searched: | | | | |
| Methods for obtaining consensus: | | | | |
| General Information | | | | |
| Proposed time plan: Please plan time for societies to evaluate the proposal | Date submission of proposal: | | | |
| | Approval by Committee Chair: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| | Approval by CCQ Chair: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| | Estimated time of completion of the paper: | | | |
| | Estimated date submission of paper: | | | |

| Budget | | | |
|---|--|------------------------------|---|
| (Please include a detailed breakdown of all expected costs in EUR and USD.) | Description: | Amount: | |
| | | EUR/USD | |
| | | EUR/USD | |
| | | EUR/USD | |
| | | EUR/USD | |
| | Total Budget requested for Guideline: | EUR/USD | |
| 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: | | |