

**APPLICATION FOR SYSTEMATIC REVIEW SUPPORT**

Name:  
Title/Position:  
Date:  
Department:  
Phone (Office):  
E-mail:

If you are a student, list Supervising Professor name:  
Supervising Professor Email:  
Supervising Professor Phone:

Stage of \_\_\_\_\_ Design- Clinical Question  
Systematic Review: \_\_\_\_\_ Searching articles  
\_\_\_\_\_ Presently collecting data  
\_\_\_\_\_ Analysis (all data collected)

Is this application for **support to write a grant**? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If no, is this research **supported by a grant**? \_\_\_\_\_ YES \_\_\_\_\_ NO

The review will probably be published in (check all that apply):  
\_\_\_\_\_ MS Thesis \_\_\_\_\_ PhD Thesis \_\_\_\_\_ Journal Article \_\_\_\_\_ Other

**SYSTEMATIC REVIEW DESCRIPTION**

Below, please describe in as much detail as possible the particulars of your current or proposed review and check all that apply

*Question: PICO ( check box if you need assistance with the clinical question*

*Search strategy*

*Need assistance with systematic review methodology*

*Need assistance with search strategy and searching for articles*

*Need assistance with systematic review software*

*Need assistance with statistical analysis*  
*Any additional information that you feel is helpful:*