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| **Introduction** |
| **Title of Guideline:** | **Click here for Title** |
| **Prepared by:*** Committee
* Special Interest Group
* Working Group
 | Click here for text |
| **SOCIETY** | [ ]  **ESPGHAN** | [ ]  **NASPGHAN** | [ ]  **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: Click here for text | Click here for text | [ ]  |
|  | NASPGHAN: Click here for text | Click here for text | [ ]  |
| **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: Click here for text | Click here for text |[ ]
|  | NASPGHAN: Click here for text | Click here for text |[ ]
| **Authors:** | **Name** | **Institution/ E-Mail Address** | **DOI/COI Form submitted** |
|  | Click here for text | Click here for text | [ ]  |
|  | Click here for text | Click here for text | [ ]  |
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|  | Click here for text | Click here for text | [ ]  |
|  | Click here for text | Click here for text | [ ]  |
| **Are parent and/or patient groups involved?** State yes or no, if yes provide details | [ ]  | Yes | [ ]  | No |
|  | Details:Click here for text |

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| **Scope of the Guideline** |
| **Disease Condition:**  | Click here for text |
| **Research Questions**  | Click here for text |
| **Target** **Population :** | Click here for text |
| **Objective :** | Click here for text |
| **Intended Users:**  | Click here for text |

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| **Methodology** (please indicate whether the Group will apply the methodology) |
|  | **Formulating the clinical questions, applying the PICO format** (Patient / Intervention / Comparison / Outcome) | [ ]  | Yes |
| [ ]  | No |
|  | **Systematic bibliographic search** * Databases used: Medline-PubMed, Pre medline, Embase, The Cochrane Library
* Using Appropriate Search Strategies Relevant to the Clinical Questions
 | [ ]  | Yes |
| [ ]  | No |
| Provide Search Strategies: |  Click here for text  |
| Intended Dates for Search: |  Click here for text  |
|  | **Criteria for Study selection** | [ ]  | Yes |
| [ ]  | No |
|  | **Quality appraisal:** |
| Oxford Evidence Levels for Primary Studies | [ ]  | Yes | [ ]  | No |
| Agree for Guidelines  | [ ]  | Yes | [ ]  | No |
| Amstar for Systematic Reviews | [ ]  | Yes | [ ]  | No |
| GRADE for Primary Studies | [ ]  | Yes | [ ]  | No |
|  | **Evidence tables (Grade tables can be used)**Summarizing Evidence [ ]  Yes [ ]  NoSummarizing Adverse Events and Risks [ ]  Yes [ ]  No |
|  | **Formulating recommendations**Provide Link Between the Evidence and the Recommendations  | [ ]  | Yes |
| [ ]  | No |

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| **General Information**  |
| **Preliminary work:**(if applicable) | Click here for text |
| **Proposal for outsourcing of specific research questions:** | Click here for text |
| **Budget\*** | Click here for text |
|  **(Please include a detailed breakdown of all expected costs in EUR and USD.**  | **Description:** | **Amount:** |
| Click here for text | EUR/USD | Click here for text |
| Click here for text | EUR/USD | Click here for text |
| Click here for text | EUR/USD | Click here for text |
| Click here for text | EUR/USD | Click here for text |
| **Total Budget requested for Guideline:** | EUR/USD | Click here for text |
| **Proposed time plan:**Please plan time for the societies to evaluate the proposal | Date submission of proposal: |  |
| Approval by Committee Chair | Yes [ ]  No [ ]  Not Applicable [ ]  |
| Approval by Committee CCQ Chair: | Yes [ ]  No [ ]  Not Applicable [ ]  |
| Estimated time of completion of the guideline: | Click here for text |
| Estimated date submission of guideline:  | Click here for text |

\* **Proposed budget: Please include a detailed description of the budget. Expenditures will be submitted to the office of the individual society. (For joint guidelines, please include a detailed description of the budget in EUR and USD. All expenditures must be submitted to the respective Office of both societies, with receipts for approval and payment, to be split equally among the societies).**

Please note that a strict methodology and template or table of content (TOC) are mandatory for quality assessment by the AGREE II tool.

<http://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf>)

Please attach additional information to support the submission.