

MY OWN NHS TRUST

LITERATURE SEARCH REQUEST FORM – PART A

Please complete the form as fully as possible, the sections marked * are essential for your request to be processed.

INFORMATION ABOUT YOU

***Name:**

Department:

Organisation:

Job Title/Role:

*** Work contact no:** (indicate whether phone or bleep).

Other Contact no:

***E - mail address** (Please print e-mail address clearly):

Your professional group: (please select relevant options)

Administration & Managers Allied Health Profs. Consultant Drs (SpR SHO, HO) GP Nurse, Midwife or Health Visitor Scientific or technical Other - please state.....

*INFORMATION ABOUT YOUR LITERATURE SEARCH REQUEST

Date Requested:

Results Required by:

(Avoid use of ASAP)

Additional Information: (please select relevant options)

How do you want your search results delivered?

e- mailed (please print e-mail address above)
 Print (standard format only and to be collected from the library)

Your preferred format for electronically delivered search results:

Standard (comes as pdf, text or html)
 Other e.g. to use with reference management software (please discuss with librarian to explore options available)

*Purpose of search

Please give a brief outline or background indicating how the information found from this search may be used. You can select from the following alternatives (more than one choice is possible):

- | | |
|---|---|
| <input type="checkbox"/> Audit | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Care pathway | <input type="checkbox"/> Protocol development |
| <input type="checkbox"/> Clinical support | <input type="checkbox"/> Publication |
| <input type="checkbox"/> Direct patient care | <input type="checkbox"/> Research |
| <input type="checkbox"/> Guideline | <input type="checkbox"/> Service planning and decision making |
| <input type="checkbox"/> Personal development | <input type="checkbox"/> Systematic review |
| | <input type="checkbox"/> To keep up to date |

Other (please state).....

Further information:

YOUR SEARCH TOPIC

***Please describe your search topic or question:**

***List the key terms and alternative or similar terms that describe your topic:**

If you have a clinical question you may be able to define your topic further using the PICO Model below.

Patient /population you are interested in :

Intervention (treatment or procedure) you are looking at:

Comparison the intervention/treatment(s) you may be comparing this to:

Outcome(s) that you wish to see from the intervention:

Have you already identified key papers, authors or references on your search topic? (If yes, please list up to 4)

*RESTRICTIONS TO BE APPLIED TO YOUR SEARCH

(It may be possible to limit your search to particular criteria, please indicate below those that are appropriate.)

<p>TIME SPAN: (Please select)</p> <p><input type="checkbox"/> past 2 years <input type="checkbox"/> past 5 years <input type="checkbox"/> past 10 years</p> <p><input type="checkbox"/> all years</p> <p><input type="checkbox"/> Date range from to</p>	<p>LANGUAGE: All / English only / Other (please list):</p> <hr/> <p>TYPE OF STUDY: Human / Animal / Both</p> <hr/> <p>GENDER: Male / Female/ Both</p>
<p>AGE (select the range you are interested in)</p> <p><input type="checkbox"/> Adult (19 & over)</p> <p><input type="checkbox"/> Children (18 & under)</p> <p><input type="checkbox"/> Other (please specify):.....</p>	<p>PUBLICATION TYPE (Please select if you are only interested in certain formats)</p> <p><input type="checkbox"/> All types <input type="checkbox"/> Review</p> <p><input type="checkbox"/> Journal Articles <input type="checkbox"/> Randomised Control Trial</p> <p><input type="checkbox"/> Clinical trial <input type="checkbox"/> Other (please list)</p>

Please return this form to < **your details**>

Office Use Only	Search ID: _____	Date completed: _____
	Search origin: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Library <input type="checkbox"/> Department <input type="checkbox"/> Ward <input type="checkbox"/> Intranet/Internet <input type="checkbox"/>	
	Other	