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| **Evidence Search Request Form** | | | **Date:** | | | |  | |
|  | | | | | | | | |
| **Personal details** | | | | | | | | |
| **Name:** | | | | **Email:** | | | | |
| **Job title:** | | | | **Organisation or Site:** | | | | |
| **Department:** | | | | **Telephone:** | | | | |
|  | |  | | | | | | |
| **Reason for search (please tick all that apply)** | | | | | | | | |
| Clinical Decision Making/Guideline/Procedure | | | | |  | Patient Information/Enquiry | |  |
| Knowledge Management/Management Decision Making | | | | |  | Other: | |  |
| Research/Education/Professional Development | | | | |  |
| **What is the background to this search? What is your subject or enquiry?** | | | | | | | | |
| **If appropriate phrase your enquiry as a question (see example below)**  **e.g.** *In a child with febrile seizures (Patient/Population) would anticonvulsant therapy (Intervention) compared to no treatment (Comparison) result in seizure reduction (Outcome)* | | | | | | | | |
| **Keywords or Subject Headings (Please provide as much detail as possible)** | | | | | | | | |
| **Patient, problem or population** |  | | | | | | | |
| **Intervention e.g. type of treatment, diagnostic test** |  | | | | | | | |
| **Comparison (optional)**  *What are the main alternatives?* |  | | | | | | | |
| **Outcomes** |  | | | | | | | |

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| **Further Information e.g. alternative terminology, phrases, specific sources, key articles** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Limits: please specify if appropriate** | | | | | | | | | | | | |
| Date articles published: (range or no limit) | | | | |  | | | | | | | |
| Last 2 years |  | | 5 years | | |  | | 10 years | | |  | |
| Human / Animal studies/both | | | | | |  | |  | | | | |
| Male/Female/both | | | | | |  | |  | | | | |
| Age: Please tick all that apply | | | | | | | | | | | | |
| Infant (to 1 yr) | |  | | Child (unspecified age) | | |  | | Adolescent (13 to 17 yrs) | | |  |
| Adult | |  | | Older Adults | | |  | |  | | |  |
| **Are there any topics you would like us to exclude?** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **How many references do you need/expect – please tick one box only** | | | | | | | | | | | | |
| A few key articles/ reports etc. (under 10) | | | | | | | | | |  | | |
| A comprehensive search of the databases (CINAHL, Medline etc) (between 20-40) | | | | | | | | | |  | | |
| A comprehensive + expanded search for guidelines, reports standards etc. | | | | | | | | | |  | | |
| **Results** | | | | | | | | | | | | |
| Results are generally sent out as a Word Document. If you would like to receive your results in a different format, please specify here: | | | | | | | | | | | | |
| **Would you like us to copy the results to anyone else?** (please give email address) | | | | | | | | | | | | |

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| **Timescale for receiving results** | |
| We aim to complete searches within **10 working days**, unless specified as urgent. It is therefore important to give us a specific date in order to help with our work planning. (Please do not put ASAP)  Please bear in mind that receiving full text articles may take an extra few days. | |
| **Deadline for completion:** |  |
| **Please return this form to the library or email it to library.sfht@nhs.net** | |
| **Library Use only**  Search completed by: | Date: |