**The Cochrane Neonatal Review Group**

**Proposal for a new Cochrane Review**

Please complete and email this form to our Managing Editor, Yolanda Brosseau: [yolanda.brosseau@uvm.edu](mailto:yolanda.brosseau@uvm.edu) or regular mail:

Yolanda Brosseau, Managing Editor

Cochrane Neonatal Review Group

c/o VT Oxford Network

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| **Authors completing this form must note that they are required to read and follow The Cochrane Handbook for Systematic Reviews of Interventions**. **in preparing their review**  [**http://www.cochrane-handbook.org/**](http://www.cochrane-handbook.org/) |

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| **Proposed Title (Using Standard Cochrane Format)**  **For PREVENTION: [Intervention] for prevention of [health problem] in [population] ForTREATMENT: [Intervention or intervention contrast] for [health problem] in [population]** |
| **Contact Author Name** |
| **Motivation for the Review** (for example is this going to be part of a PhD; is it part of a larger project; is it particularly topical at the present time?) |
| **Description of proposal: Please be sure to refer to the appropriate section of the Cochrane Handbook for Systematic Reviews of Interventions when completing each of the sections below.**   1. **Objective:** What is the research question? 2. **Rationale for review:** Explain why the review is important. **\*\* If your proposed review relates to other neonatal reviews or protocols in The Cochrane Library, please cite the existing reviews in this title registration form and explain how your proposed review is different enough to have a separate review as opposed to inclusion in an existing review.** 3. **Types of study:** Certain study designs are more appropriate than others for answering particular questions. Authors should consider a priori what study designs are likely to provide reliable data with which to address the objectives of their review. *See section 5.5 of the Cochrane Handbook for Systematic Reviews of Interventions.* <http://www.cochrane.org/cochrane/handbook/hbook.htm> 4. **Participants:** Outline the types of populations to be included and excluded, with thought give to aspects of the participants receiving the intervention, e.g. age, the type/stage of disease/condition, the method of diagnosis, and co-morbidities   *See section 5.2 of the Cochrane Handbook for Systematic Reviews of Interventions* [*http://www.cochrane.org/cochrane/handbook/hbook.htm*](http://www.cochrane.org/cochrane/handbook/hbook.htm)   1. **Interventions and specific comparisons to be made:** Outline what variations of the intervention (eg dose, mode of delivery, who delivers it) will be included and the intervention will be compared to e.g. placebo or no treatment, or other interventions. *See section 5.3 of the Cochrane Handbook for Systematic Reviews of Interventions* [*http://www.cochrane.org/cochrane/handbook/hbook.htm*](http://www.cochrane.org/cochrane/handbook/hbook.htm) 2. **Outcomes:** List primary (the main conclusions will be based on the primary outcomes) and secondary outcomes to be included in the review, giving thought to those likely to be important to those suffering the disorder as well as those treating them. Give thought to the inclusion of adverse effects. Give some thought to how your outcomes may be measured, both the type of scale or count likely to be used and the timing of the measurement.   *See section 5.4 of the Cochrane Handbook for Systematic Reviews of Interventions* [*http://www.cochrane.org/cochrane/handbook/hbook.htm*](http://www.cochrane.org/cochrane/handbook/hbook.htm)   1. **What subgroup analysis do you intend to undertake?**   See section 9.6.3 of the Cochrane Handbook for Systematic Reviews of Interventions <http://www.cochrane.org/cochrane/handbook/hbook.htm>   1. **Other information relevant to this proposal:** |

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| **Review author team and area of expertise** | | |
|  | **Name** | **Area of expertise** *(please indicate the background and skills of each review author and the expertise they bring to the review team e.g. content, methodology; statistics.*  ***\*\**Please include with the title registration a short list of any representative publications from the contact author or the content expert on your review team.** |
| Contact author: |  |  |
| Co-author(s) : |  |  |
| **Do you or your co-authors have any interests in this topic that could be perceived as conflicts of interest?**  Cochrane Reviews should be free of any real or perceived bias introduced by the receipt of any benefit in cash or kind, any hospitality, or any subsidy derived from any source that may have or be perceived to have an interest in the outcome of the review. It is a matter of Cochrane Collaboration policy that direct funding from a single source with a vested interest in the results of the review is not acceptable.  *See http://www.cochrane.org/docs/commercialsponsorship.htm*  Yes  No  **If ‘yes’, what are they?**  **Is this review the subject of specific funding and/or does it need to be finished within a specific timeframe? If yes, please give details.**  **Has the review already been carried out or published?**  **If yes, where has it been published?** | | |

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| **Other information** | |
| Have you or a co-author written a systematic review before? (Preferably, all review authors should participate in a Cochrane author training session. This is not always feasible, but it is desirable that at least the author with the primary responsibility for working on the review should be trained. | Yes  No |
| If yes, was it a Cochrane Review? | Yes  No |
| Do you have a copy of the Cochrane Handbook for Systematic Reviews of Interventions? | Yes  No |
| Have you attended a Cochrane Review training workshop? | Yes  No |
| If yes, which one? |  |
| If no, are you planning to? Which one? |  |
| Do you have a copy of RevMan 5, the Cochrane Review Manager software? | Yes  No |
| Have you seen the Cochrane Neonatal Review Group website? | Yes  No |
| What type of computer do you use? | Mac  PC |
| Do you have ready access to email and the internet? | Yes  No |
| Do you have access to:  *The Cochrane Library*  MEDLINE  PubMed  EMBASE  Do you have access to a medical library:  If yes, can you order journal articles not held in the Library?  Do you have access to reference management software:  If yes, which software, and what version? …………………………………….. | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |
| Are you familiar with using RevMan 5?  Are you familiar with using the databases on *The Cochrane Library*?  Will you require training?  Do you have access to a statistician (strongly recommended)?  Do you have contact with consumer groups?  Are you aware of funding/scholarship opportunities?  Do you predominantly speak/write in a language other than English? | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No |
| Would you like to be assigned a mentor (experienced authors who have volunteered to help new authors) | Yes  No |

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| **Provisional dates for submission of drafts to editorial base**   1. **Draft PROTOCOL : three months from date of title assignment** 2. **Draft REVIEW : nine months from date of protocol acceptance** |

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| Country of origin: |  | | | Gender: | | | Female  Male |

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| **Agreement to Editorial Review and Publication in The Cochrane Library**  By completing this title registration form, you agree to submit a draft protocol **within three months**. If there is no correspondence from you during this period, or no draft protocol has been received within three months, the Cochrane Review Group reserves the right to de-register the title or transfer the title to a new author. Completed review to be submitted **within nine months** from date of protocol acceptance.  By completing and returning this form, you are accepting responsibility for maintaining and updating the review in accordance with Cochrane Collaboration policy, i.e. you will be responsible for ensuring the review is updated at least every two years. If you are unable to update this review the Review Group reserves the right to transfer the review to a new author.  The support of the editorial team in producing your review is conditional upon your agreement to publish the protocol and finished review, together with subsequent updates, in The Cochrane Library. By completing and signing this form you undertake to publish firstly in The Cochrane Library (concurrent publication in other journals may be allowed in certain circumstances with prior permission of the editorial team.).  **I understand the long-term commitment necessary when undertaking a Cochrane Review.**  **Form completed by:**  **Contact reviewer ……………………………………………… Date: …….………………**  **Co-authors: …………………………………………………….. Date: ……………………**  **Co-authors: …………………………………………………….. Date: ……………………** |