



Centre for Clinical Effectiveness

ENHANCING PATIENT OUTCOMES THROUGH
CLINICAL APPLICATION OF THE BEST AVAILABLE EVIDENCE

CENTRE USE ONLY

Request No.....

Date received.....

Staff.....

Evidence Request Form

For staff of the Southern Health Care Network ONLY

Please send completed form to **Centre for Clinical Effectiveness, MMC - Clayton**. Requests for information must relate to SHCN-related work only. Requests will be processed in order.

Our phone number:

9594 2726

Our fax number:

9594 6970

Our website address:

<http://www.med.monash.edu.au/publichealth/cce/>

Your Details

Name:	Position:
Dept/Program:	Campus:
Email Address:	Work Phone:
Date of request:	Work Fax:

Please tell us if you wish to publish some of the information we provide because: the SHCN retains copyright over material and we publish completed Evidence Reports on our website.

Request Details

- The **CLINICAL QUESTION** I would like answered:

- The **PURPOSE** to which I wish to put this information:

- The **TYPE** of service I require (please tick one only):

A. Literature search. Original articles not retrieved. Citations with abstracts if available. Quality of evidence assigned.	2-4 wks <input type="checkbox"/>
B. Literature search plus critical appraisal. Original articles retrieved.	4-8 wks <input type="checkbox"/>
C. Evidence Report. Complete summary of critical appraisal, systematic search strategy, general findings.	8-12 wks <input type="checkbox"/>

4. The **CONDITION** in which I am interested:

5. The **PATIENTS/CLIENTS** in which I am interested:

- Age range

6. The **INTERVENTION/TREATMENT/THERAPY/ EXPOSURE** in which I am interested:

7. **COMPARISON** treatments/interventions/therapy:

8. The **OUTCOME/S** in which I am interested:

9. **CLINICAL ENVIRONMENT**

10. I wish to restrict my search by:

- **Language:** _____
- **Year of publication:** _____
- **Other requirements?** _____

**Thank you for your request.
You will be contacted soon by a staff member from the Centre.**