



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 of receipt.

Our phone number: 9594 2726 **Our fax number:** 9594 6970

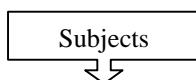
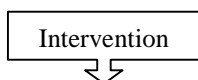
Our website address: <http://www.med.monash.edu.au/healthservices/cce/>

Your Details

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

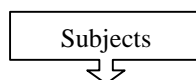
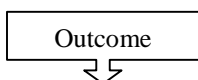
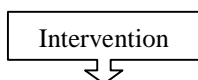
Supplying a well-formulated question will assist us in processing your request with less delay. Please formulate your question so that each of the following components are clearly defined: (1) the **subjects** to which the answer will apply; (2) the type of **intervention / diagnostic test / prognostic factor** of interest; (3) the type of **comparison or control**; and (4) the **outcomes** of interest. We give you an example below (from Counsell, 1997):

A poorly formulated question:

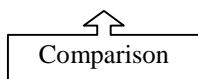


Are anticoagulant agents useful in patients who have had stroke?

A well formulated question:



Do anticoagulant agents improve survival in patients with acute ischaemic stroke compared with no treatment?



Request Details

1. The **CLINICAL QUESTION** I would like answered:

2. The **PURPOSE** to which I wish to put this information:

3. 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 / SUBJECTS** in which I am interested:

- Age range

6. The **INTERVENTION / DIAGNOSTIC TEST / PROGNOSTIC FACTOR** in which I am interested:

7. **COMPARISON OR CONTROL** treatment / intervention / test:

8. The **OUTCOMES** in which I am interested:

9. The **CLINICAL ENVIRONMENT** to which these findings will apply:

10. I wish to **RESTRICT** the search to the following years of publication: _____ to _____

Please note the following:

- The Southern Health Care Network retains copyright over the information we provide. Please contact us if you wish to publish material contained in a report.
- Completed Evidence Centre Critical Appraisals and Reports are available in full on our website.

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