



Cochrane Oral Health Group

Proposal for a new Cochrane Review

Please complete and email/fax this form to:

Luisa.Fernandez@manchester.ac.uk or Philip.Riley-2@manchester.ac.uk

Luisa Fernandez, Review Group Co-ordinator, Cochrane Oral Health Group, MANDEC, School of Dentistry, The University of Manchester, Higher Cambridge Street, Manchester, M15 6FH (UK)

Phone: +44 161 275 7819 Fax: +44 161 275 7815 Website: www.ohg.cochrane.org

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.org/resources/handbook/>. By completing a Cochrane Review authors not only agree to conduct the review according to Cochrane quality standards, but also agree to update the review at least every two years.

Proposed Title (The format of Cochrane titles is [Intervention] for [health problem] in [participants/setting] or [Intervention A] versus [Intervention B] for [health problem])

Motivation for the Review (e.g. Is this going to be part of a PhD, part of a larger project, is it topical?)

Description of proposal (Your proposal should not overlap with reviews already published or underway. Please refer to the OHG website for details of registered topics (<http://www.ohg.cochrane.org/reviews.html>))

(a) Objective (What is the research question?)

(b) Rationale for review (Why is this review important? You may provide citations of relevant papers)

(c) Types of study (These will usually be randomised controlled trials, the inclusion of other study designs has to be approved by the editorial board)

(d) Participants (What sort of participants will the relevant studies have recruited? You may want to define them in terms of age or gender, presence of dental problems like caries, duration of problem etc)

(e) Interventions and specific comparisons to be made (What interventions are you interested in assessing? The intervention could be a drug, technique, appliance or education. What are you comparing the intervention with? The comparison could be against nothing, placebo or another common drug, technique etc)

(f) Outcomes (What outcomes do you think are important? Remember to consider outcomes that patients might consider to be the most important e.g. pain, quality of life, side effects)

(g) What subgroup analysis do you intend to undertake? (Will certain factors be investigated for their influence on the size of treatment effect e.g. dose)

(h) Other information relevant to this proposal (e.g. relevance to consumers, and ideas for consumer input into review)

Proposed authors

(Please follow a Westernised style, that is, first name followed by the family name (i.e. First name/personal name (名字 míngzi) and family name/surname (姓 xìng)))

Contact author name:

(This is the person taking primary responsibility for the development of the proposal and ensuring the continuity of the review once published)

Co-author(s) name(s):

(There should be at least one co-author)

Content expert name:

Methodologist name:

Statistician name:

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 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 timing. If yes, please give details.

Has the review already been carried out or published?

If yes, where has it been published?

Roles and responsibilities

TASK	WHO HAS AGREED TO UNDERTAKE THE TASK?
Draft the protocol	
Develop a search strategy	
Search for trials (usually 2 people)	
Obtain copies of trials	
Select which trials to include (2 + 1 arbiter)	
Extract data from trials (2 people)	
Enter data into RevMan	
Carry out the analysis	
Interpret the analysis	

Draft the final review	
Update the review	

Other information, and assistance requested

Have you or a co-author written a systematic review before?..... Yes No

 If yes, was it a Cochrane Review?..... Yes No

 If yes, please give details:

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 Oral Health Group website?..... Yes No

Do you have ready access to email and the internet?..... Yes No

Do you have access to:

 Medline Yes No

 PubMed Yes No

 Embase Yes No

The Cochrane Library Yes No

Do you have access to a medical library: Yes No

 If yes, can you order journal articles not held in the Library? Yes No

Do you have access to reference management software:

 Reference Manager (version.....) Yes No

 EndNote (version.....) Yes No

 ProCite (version.....) Yes No

 Other (version.....) Yes No

Do you require assistance with:

 English as a second language?..... Yes No

 Using RevMan 5?..... Yes No

 Access to data on *The Cochrane Library*?..... Yes No

 Translation of articles?..... Yes No

 Training?..... Yes No

 Access to a statistician (strongly recommended)?..... Yes No

 Contact with consumer groups?..... Yes No

 Seeking funding/scholarship support?..... Yes No

Provisional dates for submission of drafts to editorial base

(A) Draft PROTOCOL (6-8 months)

(B) Draft REVIEW (12-18 months)

Agreement to Editorial Review and Publication in *The Cochrane Library*

By completing this title registration form, you agree to submit a draft protocol within 6 to 8 months. If there is no correspondence from you during this period, or no draft protocol has been received, the Cochrane Oral Health Group reserves the right to de-register the title or transfer the title to a new author.

For the protocol/review to be published it must be approved by the Editorial Team. The Editorial Team has the right to transfer responsibility for this title or to remove it at any stage of the editorial process if the protocol/review continues to fail **to meet the standards of the Cochrane Oral Health Group/Cochrane Collaboration** and/or the final protocol/review is not considered satisfactory.

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*** (contemporaneous publication in other print 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.

I will be able to update the review regularly (every 2 years): Yes No

If no, please recommend who will update the review:

Form completed and signed by: Date:

If the Cochrane Review is going to be part of a PhD:

Supervisor's name:

Supervisor's signature: Date:

Details of contact author

Title (e.g. Professor, Mr, Mrs, etc):

First Name (名字) Last Name
míngzi: (姓 xìng):

Job Title/Position:

Department:

Organisation:

Address:

City: Region/State:

Country: Post/Zip code:

Telephone number: Fax number:

Email address:

Do you already have a user account for the Archie database? Yes No

Privacy: Your details may be stored on our central database, known as 'Archie', and may be accessed by members of The Cochrane Collaboration. Details of our privacy policy are available at www.cc-ims.net/Archie/archie-privacy-policy. Would you like to:

Hide your address and phone numbers: Hide your email address:

Are you already a member of another Cochrane Review Group? Please list the group and your role (e.g. author of a review, editor, etc.): Yes No

.....

Details of co-authors (Copy and paste this page to include more co-authors as required)

Title (e.g. Professor, Mr, Mrs, etc):

First Name (名字 míngzi): Last Name (姓 xìng):

Job Title/Position:

Department:

Organisation:

Address:

City:

Region/State:

Country: Post/Zip code:

Telephone number: Fax number:

Email address:

Do you already have a user account for the Archie database? Yes No

Privacy: Your details may be stored on our central database, known as 'Archie', and may be accessed by members of The Cochrane Collaboration. Details of our privacy policy are available at www.cc-ims.net/Archie/archie-privacy-policy. Would you like to:

Hide your address and phone numbers: Hide your email address:

Are you already a member of another Cochrane Review Group? Please list the group and your role (e.g. author of a review, editor, etc.): Yes No

.....

Details of co-authors

Title (e.g. Professor, Mr, Mrs, etc):

First Name (名字 míngzi): Last Name (姓 xìng):

Job Title/Position:

Department:
 Organisation:
 Address:
 City:
 Region/State:
 Country: Post/Zip code:
 Telephone number: Fax number:
 Email address:
 Do you already have a user account for the Archie database? Yes No
 Privacy: Your details may be stored on our central database, known as 'Archie', and may be accessed by members of The Cochrane Collaboration. Details of our privacy policy are available at www.cc-ims.net/Archie/archie-privacy-policy. Would you like to:
 Hide your address and phone numbers: Hide your email address:
 Are you already a member of another Cochrane Review Group? Please list the group Yes No
 and your role (e.g. author of a review, editor, etc.):

For office use only:

Approved by: Signed:
 (please print name)

Date:

Comments/Suggestions

.....

.....

.....

.....

.....

.....