APPLICATION FORM

GUIDELINE / RECOMMENDATIONS FOR GOOD PRACTICE DOCUMENT

**APPLICANTS**

**Contact person(s):**

**ESHRE Special Interest Group(s) involved:**

**TOPIC**

**Proposed title:**

**Guideline or Recommendations for good practice:**

**Proposed (clinical) problem:**

**The relevance of the proposed clinical problem (e.g. volume, costs and patient impact):**

**Main outcome(s) to be addressed by the proposed guideline/ Recommendations for good practice:**

**Indication of actual practice variation:**

**Expected benefit(s) from the proposed guideline/ Recommendations for good practice development and implementation:**

**Indication of the size and strength of the evidence for the proposed topic:**

**Other comments:** *(in case of a Recommendations for good practice document, please clarify methodology, schedule and costs for the project)*

**OTHER EXISTING GUIDELINES/ RECOMMENDATIONS FOR GOOD PRACTICE DOCUMENTS**

**Existing guidelines within the field of the proposed topic:**

**Overlap with other ESHRE documents:**

*The completed application form should be sent to nathalie@eshre.eu*