



A. APPLICATION FORM

New evidence-based guideline / Good practice recommendations document

Applicants

CONTACT PERSON(S):

.....

ESHRE SPECIAL INTEREST GROUP(S):

.....

SUGGESTED MEMBERS OF THE WORKING GROUP (EXPERTS AND/ OR ESHRE SIG REPRESENTATIVES)⁵

.....

Topic

PROPOSED TITLE:

.....

EVIDENCE-BASED GUIDELINE OR GOOD PRACTICE RECOMMENDATIONS:

.....

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/ GOOD PRACTICE RECOMMENDATIONS:

.....

INDICATION OF ACTUAL PRACTICE VARIATION:

.....

EXPECTED BENEFIT(S) FROM THE PROPOSED GUIDELINE/ GOOD PRACTICE RECOMMENDATIONS DEVELOPMENT AND IMPLEMENTATION:

.....

INDICATION OF THE SIZE AND STRENGTH OF THE EVIDENCE FOR THE PROPOSED TOPIC:

.....

OTHER COMMENTS: (IN CASE OF A GOOD PRACTICE RECOMMENDATIONS DOCUMENT, PLEASE CLARIFY METHODOLOGY)

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Other existing guidelines/consensus documents (to be completed by RS)

EXISTING GUIDELINES WITHIN THE FIELD OF THE PROPOSED TOPIC:

.....

OVERLAP WITH OTHER ESHRE DOCUMENTS:

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

⁵ If feasible suggest a few names. A final list of WG members will have to be composed by the Guidelines Committee and presented to and approved by the Executive Committee before the working group can start.