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| **ICB/Public Health Evidence Search Request Form** | **Date:** |  |
|  |
| **Personal details** |
| **Name:**  | **Email:** |
| **Job title:**  | **Organisation or Site:** |
| **Department:** | **Telephone:** |
|  |  |
| **Reason for search (please tick all that apply)** |
| Clinical Decision Making/Guideline/Procedure |  | Patient Information/Enquiry |  |
| Knowledge Management/Management Decision Making |  | Other: |  |
| Research/Education/Professional Development |  |
| **What is the background to this search? What is your subject or enquiry?** |
| If appropriate phrase your enquiry as a question/s. To split your search into keywords or subject headings you could use the following framework to break down your search into specific keywords or subject headings :**SPICE (Setting, Perspective, Population, Intervention, Comparison or Evaluation)** Alternatively list a selection of keywords/concepts related to your question. |
| **Keywords or Subject Headings (Please provide as much detail as possible)** |
| **Please complete both sides of this form** |

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| **Limits: please specify if appropriate** |
| Date articles published: (range or no limit) |  |
| Last 2 years |  | 5 years |  | 10 years |  |
| Age: Please tick all that apply  |
| Infant (to 1 yr) |  | Child (unspecified age) |  | Adolescent (13 to 17 yrs) |  |
| Adult |  | Older Adults |  |  |  |
| **Are there any topics which you would like to be excluded?****Is there information that you are already aware of or have identified which does not need to be added into the search?** |
| **Would you like us to copy the results to anyone else? (please give email address)** |
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| **Timescale for receiving results** |
| We aim to complete searches within **10 working days**, unless specified as urgent. It is therefore important to give us a specific date in order to help with our work planning. **Please note:** there may be a demand for evidence search requests and this may result in the search not being started on the day it is requested. |
| **Deadline for completion:** |  |
| **Please return this form to the library or email it to:** **library.sfht@nhs.net** |
| **Library Use only****Search completed by:** | **Date:** |