# Application for a Systematic Review

**SYNOPSIS**

|  |  |
| --- | --- |
| **APPLICANT** |  |
| **TITLE OF REVIEW** |  |
| **CONDITION** |  |
| **OBJECTIVE(S)** |  |
| **TYPE OF REVIEW** |  |
| **STUDY SELECTION** | Population (of patients):  Intervention:  Comparator(s):  Outcomes:  Design of primary studies:  Other report characteristics: |
| **INFORMATION SOURCES AND SEARCH STRATEGIES** |  |
| **QUALITY ASSESSMENT** |  |
| **DATA EXTRACTION** |  |
| **DATA SYNTHESIS** |  |
| **SAMPLE SIZE** |  |
| **COOPERATING CENTERS** |  |
| **DURATION** |  |
| **CONFLICT OF INTEREST** |  |
| **PREVIOUS BMBF PROJECT NUMBER** |  |

**KEY WORDS**

LAY SUMMARY (max. ½ page)

Response to reviewers’ comments on a previous version of this systematic review

**1. RELEVANCE**

**1.1 Prevalence, incidence, mortality**

**1.2 Burden of disease**

**1.3 need for the systematic review**

1.4 Patient and STAKEHOLDER INVOLVEMENT

**2. evidence**

**3. STRATEGIES FOR DATA SHARING AND DISSEMINATION OF RESULTS**

**4. JUSTIFICATION OF DESIGN ASPECTS**

**4.1 Population**

**4.2 INTERVENTION(S)**

**4.3 comparator(s)**

**4.4 Outcomes**

**4.5 Design of primary studies**

**4.6 INFORMATION SOURCES AND SEARCH STRATEGIES**

**4.7 STUDY SELECTION**

**4.8 QUALITY ASSESSMENT AND DATA EXTRACTION**

**5. DATA synthesis**

**6. EXPERTISE**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name** | **Affiliation** | **Role** |
|  |  |  | Clinical expertise |
|  |  |  | Methodological expertise |
|  |  |  | Cooperation partner |
|  |  |  | …. |

**7. RefErences**

**8. FINANCIAL and time PLAN**

**8.1 Financial plan**

Duration:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** |  |  |  |
| Staff: *qualification, tasks* | *salary group* | *man months* | € |
| Consumables\*: *detail* |  |  | € |
| Patient and Public Involvement (e.g. Workshops, Focus Groups, Questionnaires) |  |  |  |
| Travel: *detail* |  |  | € |
| Contracts incl. tax\*\*: *detail* |  |  | € |
| **Total (without overhead / „Projekt-  pauschale“)** |  |  | € |

**8.2 time plan**

**AppendiCES**

**APPENDIX 1: LETTER OF SUBMISSION / UNTERSCHRIFTENBLATT (MANDATORY)**

KS2021 – Klinische Studien mit hoher Relevanz für die Patientenversorgung

Deutsches Zentrum für Luft- und Raumfahrt e.V. (DLR)

DLR Projektträger

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**Informationen zum Systematischen Review**

|  |  |
| --- | --- |
| **ANTRAGSTELLER/IN** | Name |
| **ANTRAGSTELLENDE  INSTITUTION** |  |
| **TITEL DES  SYSTEMATISCHEN REVIEWS** | *[Title in English] The title of the review should be as precise as possible.* |

Ich bestätige die Kenntnis und – nach meinem aktuellen Wissenstand – die Richtigkeit der Angaben im formlosen Antrag zu oben genanntem systematischen Review.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Datum, Unterschrift Antragsteller/in

APPENDIX 2: PATIENT and STAKEHOLDER INVOLVEMENT (DESIRED)

APPENDIX 3: INDIVIDUAL PATIENT DATA (IPD) META-ANALYSIS (OPTIONAL)

Appendix 4: LIST OF ABBREVIATIONS (OPTIONAL)