# Application for a Systematic Review

1. **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** |  |
| **DURATION** |  |
| **CONFLICT OF INTEREST** |  |
| **PREVIOUS BMBF PROJECT NUMBER** |  |

1.1 EngLISH LAY SUMMARY

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

**3. RELEVANCE**

**3.1 Medical problem**

**3.2 Prevalence, incidence, mortality**

**3.3 Burden of disease**

**3.4 need for the systematic review**

3.5 Patient and target group INVOLVEMENT PLAN

**4. evidence**

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

**6. JUSTIFICATION OF DESIGN ASPECTS**

**6.1 Population**

**6.2 INTERVENTION(S)**

**6.3 comparator(s)**

**6.4 Outcomes**

**6.5 Design of primary studies**

**6.6 INFORMATION SOURCES AND SEARCH STRATEGIES**

**6.7 STUDY SELECTION**

**6.8 QUALITY ASSESSMENT AND DATA EXTRACTION**

**7. DATA synthesis**

**8. EXPERTISE**

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

**9. RefErences**

**10. FINANCIAL and time PLAN**

**10.1 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“)** |  |  | € |

**10.2 time plan**

# APPENDICES

APPENDIX 1: LIST OF ABBREVIATIONS (MANDATORY, max. 1/2 page)

Appendix 2: Search strategy (MANDATORY)

APPENDIX 3: LETTER OF SUBMISSION / UNTERSCHRIFTENBLATT (MANDATORY)

KS2022 – 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**

|  |  |
| --- | --- |
| **(KOORDINIERENDE/R)**  **ANTRAGSTELLER/IN** |  |
| **ANTRAGSTELLENDE  INSTITUTION** |  |
| **TITEL DES  SYSTEMATISCHEN REVIEWS** |  |

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

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

Datum, Unterschrift Projektleiter/in

APPENDIX 4: PATIENT and Target group INVOLVEMENT (OPTIONAL / DESIRED)

APPENDIX 5: INDIVIDUAL PATIENT DATA (IPD) META-ANALYSIS (OPTIONAL)