**PROJECT PROPOSAL FOR EHA GUIDELINES**

**Name of SWG/research group**:

**Submitted by**:

(Please note that all fields with \* are mandatory- forms which are not filled out completely will be returned without processing).

1. **Please indicate the source of initiative for this European/international project\***

[ ]  This SWG/research group only

[ ]  In collaboration with other EHA SWGs/research groups

(indicate partner(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  In collaboration with other societies

(indicate partner society:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **Please indicate the type of European/international project proposed\***

[ ] Evidence-based guideline

[ ]  Consensus-based recommendation

1. **Are any patient organizations involved in this guidelines project?\***

[ ] Yes. If yes, please indicate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No, I would like EHA to find suitable patients (organizations) to be involved.

1. **Proposed title of the guideline \***

“\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_”

1. **Please describe, in max 100 words, the rationale of your project \***

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1. **Are you aware if there is any existing (similar) guideline or study related to this subject? If yes, could you please provide a reference? \***

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1. **Proposed chair (name and affiliations) \***

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1. **Chair Disclosure of Interest (DOI) \***

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1. **Proposed steering committee (names and affiliations) \***

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1. **Steering committee Disclosure of Interest (DOI) \***

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1. **Proposed expert panel \***

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1. **Expert panel Disclosure of Interest (DOI) \***

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**13. Please indicate approximative timeline for the following stages in months\***

Agreement of key questions:

Completion of literature search:

Synthesis of evidence:

Consensus phase:

Completion of Recommendations:

Draft submitted for comments:

**14. If Evidence-based** (all mandatory fields if evidence-based)**:**

* Are you aware of any existing systematic review of literature that could be reused or updated? If so, can you provide a reference?

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

* Will the project require EHA financial support for the systematic review of literature?

[ ]  Yes

[ ]  No

* Please provide an estimation of the number of literature items to be reviewed (eg. How many papers come up on a PubMed search using your relevant key terms)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15. Please indicate approximative number of meetings of the Expert panel, financially supported by EHA, for the duration of the project\***

How many physical (face-to-face) meetings?

[ ]  None

[ ]  1

[ ]  More than 1

If more than 1 face-to-face meeting are needed, please justify and explain how many: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many virtual meetings do you anticipate needing? (teleconference, virtual meeting)

[ ]  1

[ ]  2

[ ]  3

[ ]  4

[ ]  More: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16. Please confirm you have read and understood the EHA Guidelines Methodology and Publication Statement that these guidelines would normally be submitted to HemaSphere for consideration of publication.**

[ ]  Yes

[ ]  No

**17. Additional comments**

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