Standards for REPORTING of PROTOCOLS of new Cochrane Intervention reviews (PR1-44)

Key points & introduction

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Key points

- **Publishing a protocol for a Cochrane Review establishes a public record of the review question and planned methods.**
- **Reporting clear definitions will help authors to adhere to a well formulated approach.**
- **Readers need to determine how far the review will address their own questions of interest.**
- **Changes to the review question or methods will need to be clearly described and justified in the full review.**

Publishing the protocol for a Cochrane Systematic Review is a key milestone in the review process. As with any other form of research, it finalizes the development of the research question and sets out the different methods that will be used to address it.

Preparing and publishing a clearly conceived and well-written protocol serves a number of purposes. Investment of effort in the development of the review question and methods and the definition of the different aspects of the eligibility criteria will provide review authors with a clear plan to guide implementation of methods and reporting the full review, reducing their reliance on post hoc decisions. Publishing the protocol gives readers access to the plan from which the review will develop. It also helps them to judge how the eligibility criteria of the review, stated outcomes and planned methods will address the intended question of interest.

The protocol is a public record of the question of interest and the intended methods before results of the studies are fully known. This helps anyone who evaluates the review to judge how far it fulfils the original objectives. One of the key parts of the CEU review prepublication screening programme involves the comparison between the intended methods with those implemented during the preparation of the review. It is crucial that review authors acknowledge and justify important differences between methods stated in the protocol and those used to produce the review findings. This is key to supporting replication, and provides users of the review with a sense of how far the review preserves the research question. Particularly important changes concern eligibility criteria, the definition or status of outcome measurements and methods relating to effect measures, data analysis and exploration of heterogeneity. Any changes that are made to these aspects of the review could potentially impact on the overall objectives as well as the interpretation of the evidence summarized by the review.

On publication Cochrane systematic review protocols are automatically assigned a record on PROSPERO, the register of ongoing and completed systematic reviews. For more information see www.crd.york.ac.uk/PROSPERO/

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Reporting the review plan (PR1-44)

Reporting the review plan

Cochrane Training resources: writing the protocol and common errors in protocols

Cochrane Interactive Learning: module 2 - writing the review protocol

Title and Authors (PR1-2)

Title and Authors

Cochrane Interactive Learning: module 2 - writing the review protocol

	Standard	Rationale and elaboration	Resources
PR1	*Format of title*	***Highly desirable***	
	Follow the standard template for a Cochrane Review title		See *Handbook* 4.2.1 and table 4.2.a Cochrane Training resource: defining the review question
PR2	*Authors*	***Mandatory***	
	List names and affiliations of all authors		See *Handbook* 4.2.2 Cochrane Training resource: writing the protocol

Background (PR3-4)

Background

Cochrane Training resource: writing the protocol

Cochrane Interactive Learning: module 2 - writing the review protocol

	Standard	Rationale and elaboration	Resources
PR3	*Background*	***Mandatory***	
	Provide a concise description of the condition or problem addressed by the review question, a definition of the intervention and how it might work, and why it is important to do the review. Include the four standard RevMan headings when writing the Background.	Systematic reviews should have a clearly defined and well-reasoned rationale that has been developed in the context of existing knowledge. Outlining the context of the review question is useful to readers and helps to establish key uncertainties that the review intends to address. Four standard headings are included in RevMan ('Description of the condition', 'Description of the intervention', 'How the intervention might work', and 'Why it is important to do this review').	See *Handbook* 4.5
PR4	*Background references*	***Mandatory***	
	Back up all key supporting statements with references.	Claims or statements regarding aspects such as disease burden, morbidity, prevalence and mechanisms of action should be substantiated and, where available, supported by evidence.	

Objectives (PR5-8)

Objectives

Cochrane Training resource: defining the review question and writing the protocol

Cochrane Interactive Learning: module 2 - writing the review protocol

	Standard	Rationale and elaboration	Resources
PR5	*Main objective*	***Mandatory***	
	State the main objective, where appropriate in a single concise sentence.	The primary objective of a Cochrane Review should be to assess the effects of one or more healthcare interventions on user-important outcomes, both intended and unintended. The objective should be expressed in terms that relate to the population(s), intervention comparison(s) and, where appropriate to specify explicitly, the outcomes of interest (PICO). Review users may be patients, carers, policy makers, clinicians, practitioners or others. The format should be: "To assess the effects of *[intervention or comparison*] for [*health problem*] for/in [*types of people, disease or problem and setting if specified*]". *MECIR conduct standard 2*: Define in advance the objectives of the review, including participants, interventions, comparators and outcomes.	
PR6	*Secondary objectives*	***Highly desirable***	
	State explicitly (as secondary objectives) any specific questions being addressed by the review, such as those relating to particular participant groups, intervention comparisons or outcome.	The secondary objectives should be expressed in terms that relate to the population(s), intervention comparison(s) and, where appropriate, outcomes of interest. The format might be: "To assess whether the effects of [*intervention or comparison*] differ according to [*types of people, intervention or comparator characteristic, disease, problem, setting etc.*]". Secondary objectives should be kept succinct, since they will be published in the front sheet of the review protocol on the Cochrane Library. *MECIR conduct standard 4:* Consider in advance whether issues of equity and relevance of evidence to specific populations are important to the review, and plan for appropriate methods to address them if they are. Attention should be paid to the relevance of the review question to populations such as low-socioeconomic groups, low- or middle-income regions, women, children and older people.	
PR7	*Economic evidence*	***Mandatory***	
	If health economics evidence is to be reviewed, state this explicitly in the Objectives (as a secondary objective).	The primary aim of a Cochrane Review should be to assess the effects of one or more healthcare interventions on outcomes, both intended and unintended, that are important to review users. These outcomes may include economic outcomes. If health economics evidence is being reviewed as an integrated economics component, this should be stated as a secondary objective.	See *Handbook* 15.2.3
PR8	*Qualitative research evidence*	***Mandatory***	
	If qualitative research evidence is to be reviewed, state this explicitly in the Objectives (as a secondary objective).	If qualitative research evidence is being included to 'extend' the review, this should be stated as a secondary objective.	See *Handbook* 20.2.1

Criteria for considering studies for this review (PR9-16)

Criteria for considering studies for this review

Cochrane Training resource: defining the review question

Cochrane Interactive Learning: module 2 - writing the review protocol

	Standard	Rationale and elaboration	Resources
PR9	*Eligibility criteria for types of study: study designs*	***Mandatory***	
	State eligible study designs, using key study characteristics, and provide a justification for the choice.	It is not necessary to explain why randomized trials are eligible (if that is the case), although it may be important to explain the eligibility or non-eligibility of other types of study. Particular care may be needed to explain whether cross-over trials and cluster-randomized trials are to be considered. Study characteristics might include details such as “with blind assessment of outcomes” or “with prospective identification of participants”, rather than ambiguous labels such as “double blind” or “prospective study”. If ‘conditional’ eligibility criteria are used that are based on absence of particular types of evidence (e.g. when no randomized trials are found), this must be stated unambiguously (and detailed methods for addressing all potentially eligible studies will need to be described). *MECIR conduct standard 9:* Define in advance the eligibility criteria for study designs in a clear and unambiguous way, with a focus on features of a study's design rather than design labels. *MECIR conduct standard 11:* Justify the choice of eligible study designs.	
PR10	*Eligibility criteria for types of study: study reports*	***Mandatory***	
	If studies will be excluded on the basis of publication status or language of publication, explain and justify this.	Studies should be included irrespective of their publication status and language of publication, unless exclusion is explicitly justified. *MECIR conduct standard 12:* Include studies irrespective of their publication status, unless exclusion is explicitly justified.	
PR11	*Eligibility criteria for types of participants*	***Mandatory***	
	State eligibility criteria for participants, including any criteria around location, setting, diagnoses or definition of condition and demographic factors, and how studies including subsets of relevant participants will be addressed.	*MECIR conduct standard 5:* Define in advance the eligibility criteria for participants in the studies. *MECIR conduct standard 6:* Define in advance how studies that include only a subset of relevant participants will be addressed.	
PR12	*Eligibility criteria for types of interventions*	***Mandatory***	
	State eligibility criteria for	Eligible interventions, and particularly the comparators, must	

	interventions and comparators, including any criteria around delivery, dose, duration, intensity and cointerventions. Criteria for complex interventions should be made explicit, e.g. by stating mandatory components.	address the stated objectives of the review. For example, inclusion of studies with an active comparator intervention is not consistent with an objective to look only at whether an experimental intervention is effective compared with an inactive control. *MECIR conduct standard 7:* Define in advance the eligible interventions and the interventions against which these can be compared in the included studies.	
PR13	*Role of outcomes*	***Mandatory***	
	Be explicit about the role of outcomes in determining eligibility of studies for the review.	For most Cochrane Reviews of randomized trials of the intended effects of interventions, the aim should be to identify and include all relevant participants who have been randomized to the intervention comparisons of interest. The extent to which outcome data are available for these people can be affected by decisions made by the trialists – i.e. there is a risk of selective outcome reporting bias. An important distinction should be made between whether outcomes were measured, and whether the measured outcome data are available. Studies should not be excluded from a review solely because no outcome data are available. However, on occasion it will be appropriate to include only studies that measured particular outcomes. For example, a review of a multi-component public health intervention promoting healthy lifestyle choices, focussing on reduction in smoking prevalence, might legitimately exclude studies that do not measure smoking rates. Often it is difficult to know whether unreported outcomes were measured, so it is generally appropriate to include all studies irrespective of whether outcomes are reported. MECIR conduct standard 8*:* Clarify in advance whether outcomes listed under 'Criteria for considering studies for this review' are used as criteria for including studies (rather than as a list of the outcomes of interest within whichever studies are included).	
PR14	*Outcome domains of interest*	***Mandatory***	
	State which outcomes are primary outcomes and which are secondary outcomes.	Up to seven outcomes should be prespecified for inclusion in a 'Summary of findings' table (see PR40); it may be convenient to highlight them here. *MECIR conduct standard 14:* Define in advance which outcomes are primary outcomes and which are secondary outcomes. Also *MECIR conduct standards 15–18*	Planning GRADE and Summary of Findings tables
PR15	*Outcome measures of interest*	***Mandatory***	
	Define relevant outcome measures and time points for measurement, and any hierarchy for choosing among them.	Explain how multiple variants of outcome measures (e.g. definitions, assessors, scales, time points) will be addressed.	
PR16	*Minimally important difference*	***Highly desirable***	
	Define minimally important differences for key outcome measures.	To facilitate interpretation of the size of effect of an intervention, it is important to understand the size of difference that is important to review users.	Cochrane Training resource: analysing continuous outcomes

			CIL: module 6 - analysing the data

Search methods for identification of studies (PR17-21)

Search methods for identification of studies

Cochrane Training resource: searching for studies

Cochrane Interactive Learning: module 3 - searching for studies

	Standard	Rationale and elaboration	Resources
PR17	*Search sources*	***Mandatory***	
	List all sources that will be searched, including: CRG specialized register(s), CENTRAL, other databases, trials registers, websites and grey literature. State whether reference lists will be searched and whether individuals or organizations will be contacted.	*MECIR conduct standard 19:* Plan in advance the methods to be used for identifying studies. Design searches to capture as many studies as possible that meet the eligibility criteria, ensuring that relevant time periods and sources are covered and not restricted by language or publication status. *MECIR conduct standard 36:* Document the search process in enough detail to ensure that it can be reported correctly in the review. Also *MECIR conduct standards 24–31*	
PR18	*Search restrictions*	***Mandatory***	
	Specify and justify any restrictions to be placed on the search (e.g. time period or publication format).	*MECIR conduct standard 35:* Justify the use of any restrictions in the search strategy on publication date or publication format.	
PR19	*Searches for different types of evidence*	***Mandatory***	
	Some reviews extend beyond a focus on the effects of healthcare interventions and address specific additional types of evidence. These are discussed in Chapters 14, 15 and 20 of the *Handbook*.	*MECIR conduct standard 26: If the review has specific eligibility criteria around study design to address adverse effects, economic issues or qualitative research questions*, undertake searches to address them.	
PR20	*Search strategies for bibliographic databases*	***Mandatory***	
	Present the complete search strategy (or strategies) to be implemented for at least one database in an Appendix, including any limits and filters to be used.	The line-by-line search string should be presented to facilitate peer review. Search strategies that are available elsewhere (e.g. standard methodological filters, or strategies used to populate a specialized register) may be referenced rather than reproduced. Note that when the full review is published, it is mandatory to report search strategies used for all databases. *MECIR conduct standard 36:* Document the search process in enough detail to ensure that it can be reported correctly in the review. Also *MECIR conduct standards 32–35*	
PR21	*Search strategies for other sources*	***Highly desirable***	
	Report search terms that will be used to search any sources other than bibliographic databases (e.g. trials	Some of this information might be best placed in an Appendix.	See *Handbook* 8.2.3.1

	registers, the web).	*MECIR conduct standard 36:* Document the search process in enough detail to ensure that it can be reported correctly in the review.	

Data collection & analysis (PR22-40)

Data collection & analysis

	Standard	Rationale and elaboration	Resources
PR22	*Inclusion decisions*	***Mandatory***	
	State how inclusion decisions will be made (i.e. from search results to included studies), clarifying how many people will be involved and whether they will work independently.	*MECIR conduct standard 39:* Use (at least) two people working independently to determine whether each study meets the eligibility criteria, and define in advance the process for resolving disagreements.	Cochrane Training resource: selecting studies CIL: module 4 - selecting studies and collecting data
PR23	*Data collection process*	***Mandatory***	
	State how data will be extracted from reports of included studies, clarifying how many people will be involved (and whether they will work independently), and how disagreements will be resolved.	*MECIR conduct standard 43:* Use a data collection form that has been piloted. *MECIR conduct standard 45:* Use (at least) two people working independently to extract study characteristics from reports of each study, and define in advance the process for resolving disagreements	Cochrane Training resource: collecting data CIL: module 4 - selecting studies and collecting data
PR24	*Requests for data*	***Highly desirable***	
	Describe what attempts will be made to obtain or clarify data from individuals or organizations.	MECIR conduct standard 49: Seek key unpublished information that is missing from reports of included studies.	Cochrane Training resource: collecting data CIL: module 4 - selecting studies and collecting data
PR25	*Data items*	***Mandatory***	
	State the types of information that will be sought from reports of included studies.	This information is a useful basis for the design of data collection forms and also indicates what sort of information about the included studies readers might anticipate seeing in the full text of the review. Detailed lists are not necessary. Instead, a broad outline of the summary information that authors might collect will suffice, for example: “We will collect information on study design and setting, participant characteristics (including disease severity and age), study eligibility criteria, details of the intervention(s) given, the outcomes assessed, the source of study funding and any conflicts of interest stated by the investigators.” *MECIR conduct standard 44:* Collect characteristics of the included studies in sufficient detail to populate a table of ‘Characteristics of included studies’.	Cochrane Training resource: collecting data CIL: module 4 - selecting studies and collecting data
PR26	*Missing data*	***Highly desirable***	
	Comment on how missing data will be addressed.	Briefly describe any planned strategies that will be used to address missing data. This might include imputation of missing outcome data for individuals within studies (such as worst-case or best-case scenarios), or imputations of	See *Handbook* 7.7 Cochrane Training resources:

		missing standard deviations. Note that standard deviations can sometimes be computed from other reported statistics. *MECIR conduct standard 47:* Collect and utilize the most detailed numerical data that might facilitate similar analyses of included studies. Where 2×2 tables or means and standard deviations are not available, this might include effect estimates (e.g. odds ratios, regression coefficients), confidence intervals, test statistics (e.g. t, F, Z, Chi2) or P values, or even data for individual participants. *MECIR conduct standard 64:* Consider the implications of missing outcome data from individual participants (due to losses to follow-up or exclusions from analysis).	collecting data; analysing dichotomous outcomes; analysing continuous outcomes; assessing RoB included studies
PR27	*Tools to assess risk of bias in individual studies*	***Mandatory***	
	State and reference the tool(s) that will be used to assess risk of bias for included studies, how the tool(s) will be implemented, and the criteria that will be used to assign study results to judgements of low risk, high risk and unclear risk of bias	Different tools are likely to be appropriate for different types of studies (e.g. randomized trials and non-randomized studies). If the current *Handbook* guidance for undertaking 'Risk of bias' assessments will be followed in its entirety, then a reference to the *Handbook* is sufficient to provide the criteria used to assign judgements (see *Handbook* Sections 8.9 to 8.15). Justify any intended deviations from the tool. *MECIR conduct standard 20:* Plan in advance the methods to be used for assessing risk of bias in included studies, including the tool(s) to be used, how the tool(s) will be implemented, and the criteria used to assign study results to judgements of low risk, high risk and unclear risk of bias. *MECIR conduct standard 52:* Assess the risk of bias for each included study. For randomized trials, the Cochrane 'Risk of bias' tool should be used, involving judgements and supports for those judgements across a series of domains of bias, as described in Chapter 8 of the *Handbook* (version 5 or later). Also *MECIR conduct standards 53–60*	Cochrane Training resources: assessing RoB included studies and Rob 2.0 webinar CIL: module 5 - introduction to study quality and risk of bias
PR28	*'Risk of bias' assessment process*	***Mandatory***	
	State how risk of bias will be assessed, clarifying how many people will be involved (and whether they will work independently), and how disagreements will be resolved.	MECIR conduct standard 53*:* Use (at least) two people working independently to apply the 'Risk of bias' tool to each included study, and define in advance the process for resolving disagreements.	Cochrane Training resources: assessing RoB included studies and Rob 2.0 webinar CIL: module 5 - introduction to study quality and risk of bias
PR29	*Measures of effect*	***Mandatory***	
	State the effect measures that will be used to describe effect sizes in any included studies or meta-analyses, or both (e.g. risk ratio or odds ratio, mean difference or standardized mean difference).		Cochrane Training resources: analysing dichotomous outcomes and analysing continuous outcomes

			CIL: module 6 - analysing the data
PR30	*Unit of analysis issues*	***Mandatory***	
	If designs other than individually randomized, parallel-group randomized trials are likely to be included, describe any methods that will be used to address clustering, matching or other design features of the included studies	In some circumstances, specific study designs are likely to be identified in which unit-of-analysis errors might arise. This includes cluster-randomized trials, cross-over trials, trials involving multiple body parts and non-randomized studies with clustered designs. *MECIR conduct standard 70:* Consider the impact on the analysis of clustering, matching or other non-standard design features of the included studies.	Cochrane Training resource: non-standard data and study designs CIL: module 6 - analysing the data
PR31	*Studies with more than two groups*	***Highly desirable***	
	If multi-arm studies are likely to be included, explain how they will be addressed and incorporated into syntheses.	Note that it is mandatory to describe these methods in the full version of the review if studies with more than one arm are identified and included. MECIR conduct standard 66: *If multi-arm studies are included*, analyse multiple intervention groups in an appropriate way that avoids arbitrary omission of relevant groups and double-counting of participants.	Cochrane Training resource: non-standard data and study designs CIL: module 6 - analysing the data
PR32	*Quantitative synthesis*	***Mandatory***	
	Describe any intended statistical methods for combining results across studies (e.g. meta-analysis, subgroup analysis, meta-regression, sensitivity analysis), including methods for assessing heterogeneity (e.g. I^2, Tau^2, statistical test).	In the majority of reviews, most of this information is located under the subheading 'Data synthesis'. Note, however, that additional subheadings should be used to provide details of subgroup analyses, assessment of heterogeneity and sensitivity analysis. *MECIR conduct standard 21:* Plan in advance the methods to be used to synthesize the results of the included studies, including whether a quantitative synthesis is planned, how heterogeneity will be assessed, choice of effect measure (e.g. odds ratio, risk ratio, risk difference or other for dichotomous outcomes), and methods for meta-analysis (e.g. inverse variance or Mantel Haenszel, fixed-effect or random-effects model). *MECIR conduct standard 63:* Undertake (or display) a meta-analysis only if participants, interventions, comparisons and outcomes are judged to be sufficiently similar to ensure an answer that is clinically meaningful. *MECIR conduct standard 64:* Assess the presence and extent of between-study variation when undertaking a meta-analysis.	Cochrane Training resources: introduction to meta-analysis and exploring heterogeneity CIL: module 6 - analysing the data
PR33	*Non-quantitative synthesis*	***Mandatory***	
	Describe any intended non-statistical methods for synthesizing findings across studies (sometimes referred to as narrative or qualitative synthesis).	It may be apparent that a meta-analysis is unlikely, in which case methods should be prespecified for how the findings of the included studies will be compared and contrasted.	Cochrane Training resources: Cochrane Consumers & Communication Data Synthesis and Analysis CIL: module 8 - reporting the review
PR34	*Risk of reporting bias across studies*	***Highly desirable***	
	Describe any methods that will be		Cochrane Training

	used for assessing the risk of reporting biases such as publication bias.		resources: small study effects and reporting biases CIL: module 7 - interpreting the findings
PR35	*Addressing risk of bias*	***Mandatory***	
	Describe how studies with high or variable risks of bias will be addressed in the synthesis.	Several options are available for addressing risk of bias in a synthesis, including reporting separate syntheses for studies at different risks of bias, restricting analysis to studies at low (or low and unclear) risk of bias only, and undertaking sensitivity analysis to examine the impact of risks of bias on the conclusions. An understanding of the impact of risks of bias is important to inform GRADE assessments. *MECIR conduct standard 59:* Address risk of bias in the synthesis (whether quantitative or non-quantitative). For example, present analyses that are stratified according to summary risk of bias, or restricted to studies at low risk of bias.	Cochrane Training resources: assessing RoB included studies and RoB 2.0 webinar
PR36	*Subgroup analyses*	***Mandatory***	
	If subgroup analysis (or meta-regression) are planned, state the potential effect modifiers with rationale for each.	MECIR conduct standard 22: Predefine potential effect modifiers (e.g. for subgroup analyses) at the protocol stage, restrict these in number, and provide rationale for each.	Cochrane Training resource: exploring heterogeneity CIL: module 6 - analysing the data
PR37	*Methods for economic evidence*	***Mandatory***	
	If health economics evidence is to be reviewed, state the methods to be used to assess and synthesize this evidence.		See *Handbook* 15.2-15.9 CIL: module 6 - analysing the data
PR38	*Methods for qualitative research evidence*	***Mandatory***	
	If qualitative research evidence is to be reviewed, state the methods to be used to assess and synthesize this evidence.		See *Handbook* 20.3 - 20.3.2 Cochrane Training resource: Webinar - GRADE CERQual
PR39	*Quality of the evidence*	***Mandatory***	
	State the methods to be used to assess the quality of the body of evidence (using the five GRADE considerations).	If the current GRADE guidance for these assessments will be followed in its entirety (see *Handbook* Chapter 12), then a reference to this is sufficient to provide the criteria used to make judgements. *MECIR conduct standard 74:* Use the five GRADE considerations (risk of bias, consistency of effect, imprecision, indirectness and publication bias) to assess the quality of the body of evidence for each outcome, and to	Cochrane Training resource: GRADE approach to evaluating evidence quality Incorporating GRADE in Cochrane

		draw conclusions about the quality of evidence within the text of the review.	Reviews.
PR40	*'Summary of findings' table*	***Mandatory***	
	State which outcomes and comparisons it is planned will be included in a 'Summary of findings' table.	A maximum of seven important outcomes should be prespecified for inclusion in a 'Summary of findings' table. If possible, sources of any assumed risks to be presented in a 'Summary of findings' table should be explained. *MECIR conduct standard 23:* Plan in advance the methods to be used for assessing the quality of the body of evidence, and summarizing the findings of the review.	Cochrane Training resource: Summary of Findings tables. Planning GRADE and Summary of Findings tables CIL: module 8 - reporting the review

Acknowledgements (PR41)

Acknowledgements

	Standard	Rationale and elaboration	Resources
PR41	*Acknowledgements*	***Mandatory***	
	Acknowledge the contribution of people not listed as authors of the protocol, including any assistance from the Cochrane Review Group, non-author contributions and the role of any funders.		Cochrane Training resource: writing a protocol

Contribution of authors (PR42)

Contribution of authors

	Standard	Rationale and elaboration	Resources
PR42	*Contributions of authors*	***Mandatory***	
	Describe the contributions of each author to the protocol.		See *Handbook* 4.2.2 Cochrane Training resource: writing a protocol

Declarations of interest (PR43)

Declarations of interest

	Standard	Rationale and elaboration	Resources
PR43	*Declarations of interests*	***Mandatory***	
	Report relevant present or recent (three years prior to declaration) affiliations or other involvement in any organization or entity with an interest	The detailed policy for declaring relevant interests is available in the Cochrane Editorial and Publishing Policy Resource (EPPR). In brief, the nature and extent of the affiliation or involvement (whether financial or non-financial)	See *Handbook* 2.6 Cochrane Training resource: writing a

	in the review's findings that might lead to a real or perceived conflict of interest	should be described. Declarations of interest should be stated according to the relevant criteria from the International Committee of Medical Journal Editors (ICMJE), and must be consistent with interests declared on the Disclosure of Potential Conflicts of Interest form.	protocol

Sources of support (PR44)

Sources of support

	Standard	Rationale and elaboration	Resources
PR44	*Sources of support*	***Mandatory***	
	List sources of financial and non-financial support for the review and the role of the funder, if any.		See *Handbook* 4.10 Cochrane Training resource: writing a protocol

Citation

Citation

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