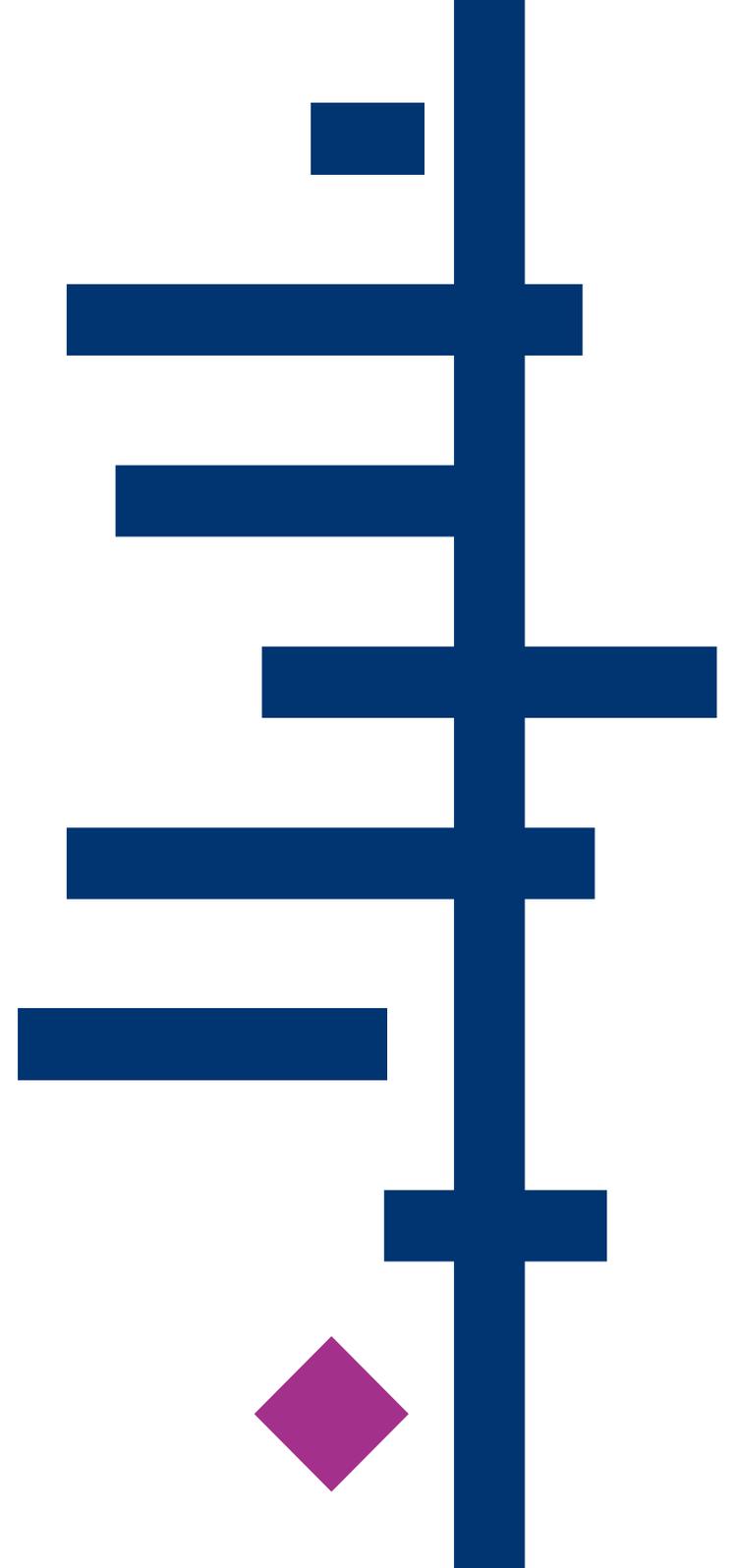




# Cochrane

Brand Guidelines

Trusted evidence.  
Informed decisions.  
Better health.



## Cochrane exists so that everyone can be sure of the best healthcare decisions.

During the last 20 years we've helped to transform the way healthcare decisions are made.

Now, as part of Cochrane's *Strategy to 2020* we are showing that change by updating our identity so that we can:

- work more effectively in a digital world;
- present a unified look and feel to a wider universe;
- make it easier for those new to Cochrane to understand what we are trying to achieve.

This document tells the story of our new identity.

## This document is a series of rebranding guidelines.

It is a toolkit to help all Cochrane groups implement our new, coherent, visual and written identity. Its purpose is to give you the most up-to-date and relevant information in order to rebrand your group.

The contents provide an overview of Cochrane's story: who we are, what we do and how we describe ourselves to a wider world - as well as make it easier for those new to Cochrane to understand what we are trying to achieve.

In addition, we are providing a section on language and tone of voice. This is designed to inform your group's external communications style.

It is not designed to be a style guide for Cochrane Reviews. We have our established **Cochrane Style Guide**, which is available here [cochrane.org/editorial-and-publishing-policy-resource/copy-editing#cochrane-style-guide](https://www.cochrane.org/editorial-and-publishing-policy-resource/copy-editing#cochrane-style-guide).

These guidelines have been developed in English. We recognize that Cochrane groups in different regions of the world will need flexibility in how to translate and apply these guidelines to their linguistic and cultural context, see more on page 35, Translation and Localization.

|                              |    |   |    |
|------------------------------|----|---|----|
| <b>About Cochrane</b>        |    | <b>Cochrane master brand design toolkit</b> |    |
| Introduction                 | 5  | Overview                                    | 38 |
| What we are                  | 6  | Our logo                                    | 39 |
| The Cochrane story           | 7  | Strapline                                   | 46 |
| Our strapline                | 8  | Colours                                     | 47 |
| <i>Strategy to 2020</i>      | 9  | Our font                                    | 48 |
| What we stand for            | 11 | Systematic graphic                          | 52 |
| How we describe ourselves    | 12 | Imagery                                     | 56 |
| Audience statements          | 13 | Print examples                              | 58 |
| Cochrane Reviews             | 15 | Screen examples                             | 61 |
| <i>Cochrane Library</i>      | 16 | Templates and 'How to' guides               | 66 |
|                              |    | Online presence                             | 67 |
|                              |    | Policy on the use of the Cochrane logo      | 69 |
| <b>Language</b>              |    | <b>Cochrane community design toolkit</b>    |    |
| Introduction                 | 18 | Introduction                                | 71 |
| Our name                     | 19 | Community framework                         | 72 |
| Overview                     | 20 | Overview                                    | 73 |
| Tone of voice                | 21 | Community colour palette                    | 76 |
| Writing toolkit              | 23 | Group logos                                 | 77 |
| Translation and localization | 36 | Imagery                                     | 80 |
|                              |    | Print examples                              | 81 |
|                              |    | Screen examples                             | 84 |
|                              |    | Templates and 'How to' guides               | 89 |
|                              |    | Partnership and funder branding             | 90 |
|                              |    | Thank you                                   | 93 |

If you require further information about Cochrane's brand or have any questions about these guidelines, please contact the Communications and External Affairs Department (CEAD).

**Email: [cead@lists.cochrane.org](mailto:cead@lists.cochrane.org)**

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# About Cochrane

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|                           |    |
|---------------------------|----|
| Introduction              | 5  |
| What we are               | 6  |
| The Cochrane story        | 7  |
| Our strapline             | 8  |
| <i>Strategy to 2020</i>   | 9  |
| What we stand for         | 11 |
| How we describe ourselves | 12 |
| Audience statements       | 13 |
| Cochrane Reviews          | 15 |
| <i>Cochrane Library</i>   | 16 |



## Who are we? What's special about us? How do we show that we are different?

Everyone who's part of Cochrane will have similar answers for these questions. However, by agreeing on one shared version, we become a more recognizable, more united and a more effective collaboration.

This is what our new brand does for us. It's more than just a logo: it distills everything that's great about Cochrane into one clear, strong identity.

This set of detailed brand guidelines sets out our new brand: who we are and how we express our identity in the way we look and sound. You'll find examples, templates, and practical advice to help you create communications that are compelling — and instantly recognizable.

Cochrane is a global independent network of researchers, professionals, patients, carers and people interested in health.

We respond to the challenge of making the vast amounts of best available evidence generated through research useful for informing decisions about health.

Cochrane is a not-for-profit organization with collaborators from more than 120 countries working together to produce credible, accessible health information that is free from commercial sponsorship and other conflicts of interest.

**Find out more at [cochrane.org](https://www.cochrane.org)**

**Follow us on twitter [@cochranecollab](https://twitter.com/cochranecollab)**



## Our logo tells a story...

The circle formed by two 'C' shapes represents our global collaboration.

The lines within illustrate the summary results from an iconic systematic review. Each horizontal line represents the results of one study, while the diamond represents the combined result, our best estimate of whether the treatment is effective or harmful.

The diamond sits clearly to the left of the vertical line representing “no difference”, therefore the evidence indicates that the treatment is beneficial. We call this representation a “forest plot”.

This forest plot within our logo illustrates an example of the potential for systematic reviews to improve health care. It shows that corticosteroids given to women who are about to give birth prematurely can save the life of the newborn child.

Despite several trials showing the benefit of corticosteroids, adoption of the treatment among obstetricians was slow. The systematic review published by Crowley et al., was influential in increasing use of this treatment. This simple intervention has probably saved thousands of premature babies.

During the past 20 years Cochrane has progressed the way healthcare decisions are made. And now we're leading another change, as outlined by *Strategy to 2020*. A visible expression of this change is our new brand identity.

Our strength is in our people — an independent and highly respected global network that links the world of research with the reality of making informed health decisions.

Together we can use the new wealth of information we generate to achieve trusted evidence, informed decisions, and better health for everyone.

**Trusted evidence.  
Informed decisions.  
Better health.**

Our strapline is the core idea that lies at the heart of everything we do. It expresses the essential reason why Cochrane exists.

---

## Vision

### **Our vision is a world of improved health**

where decisions about health and health care are informed by high quality, relevant and up-to-date synthesized research evidence.

---

## Mission

### **Our mission is to promote evidence-informed health decision-making**

by producing high quality, relevant, accessible systematic reviews and other synthesized research evidence.

---

## Goals

---

#### **Goal 1: Producing evidence**

To produce high quality, relevant, up-to-date systematic reviews and other synthesized research evidence to inform health decision-making.

---

#### **Goal 3: Advocating for evidence**

To make Cochrane the 'home of evidence' to inform health decision-making, build greater recognition of our work, and become the leading advocate for evidence-informed health care.

---

#### **Goal 2: Accessible evidence**

To make Cochrane evidence accessible and useful to everybody, everywhere in the world.

---

#### **Goal 4: Building an effective and sustainable organization**

To be a diverse, inclusive and transparent international organization that effectively harnesses the enthusiasm and skills of our contributors, is guided by our principles, governed accountably, managed efficiently, and makes optimal use of its resources.

---

# Principles

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## 1 Collaboration

by fostering global co-operation, teamwork, and open and transparent communication and decision-making.

---

## 2 Building on the enthusiasm of individuals

by involving, supporting, and training people of different skills and backgrounds.

---

## 3 Avoiding duplication of effort

by good management, co-ordination and effective internal communications to maximize economy of effort.

---

## 4 Minimizing bias

through a variety of approaches such as scientific rigour, ensuring broad participation, and avoiding conflicts of interest.

---

## 5 Keeping up to date

by a commitment to ensure that Cochrane Systematic Reviews are maintained through identification and incorporation of new evidence.

---

## 6 Striving for relevance

by promoting the assessment of health questions using outcomes that matter to people making choices in health and health care.

---

## 7 Promoting access

by wide dissemination of our outputs, taking advantage of strategic alliances, and by promoting appropriate access models and delivery solutions to meet the needs of users worldwide.

---

## 8 Ensuring quality

by applying advances in methodology, developing systems for quality improvement, and being open and responsive to criticism.

---

## 9 Continuity

by ensuring that responsibility for reviews, editorial processes, and key functions is maintained and renewed.

---

## 10 Enabling wide participation

in our work by reducing barriers to contributing and by encouraging diversity.

---

We have three defining statements that guide our behaviour, culture, and decisions.

## Together we stand...

### for knowledge

We accept only the best evidence that research can provide. This sets us apart and makes us strong.

We express ourselves clearly and precisely, giving evidence for what we say.

### for change

We're working for a future where everyone can be sure of the best possible healthcare decisions.

We're positive, energetic, and forward-looking, giving encouragement and inspiration to those around us.

### for you

We're open, collaborative, and inclusive: everyone can get involved and everyone benefits.

We show warmth and humanity, using everyday language.

If our organization was a person, you'd recognize these statements in their behaviour. Our language guidelines explain how we can express standing for knowledge, for change, for you through our communications.

## Cochrane exists so that healthcare decisions get better.

During the past 20 years, Cochrane has helped to transform the way health decisions are made.

Cochrane produces reviews that summarize the best available evidence generated through research to inform decisions about health.

We are a global independent network of researchers, professionals, patients, carers, and people interested in health.

Our work is recognized as representing an international gold standard for high quality, trusted information.

We want to be the leading advocate for evidence-informed health across the world.

This is our standard way of describing Cochrane and starting conversations. We can vary it to suit different audiences as shown on page 13-14.

---

This is a series of brief statements which describe how Cochrane works with our six major stakeholders.

#### How we support policymakers

“We enable you to make better informed health policy decisions by bringing together all the best current evidence available.”

#### How we support health practitioners

“We make healthcare research useful and usable for you when advising your patients, to help you make decisions based on the best available and current evidence.”

#### How we support the general public

“We gather and summarize the best evidence from research to help you and your health practitioners make informed choices about the right treatments for you.”

#### How we support members of the Cochrane community

“We’re building a future of better health care for everyone, where treatment and policy decisions are based on the best current evidence. We can achieve this together, with your help.”

#### How we support our funders

“We work collaboratively with funders to produce authoritative, relevant, and reliable health evidence. Our work is produced by independent researchers who are unconstrained by commercial and financial conflicts. Cochrane’s funding model reflects the international and diverse nature of the organization.”

#### How we support our partners

“We work with our partners to increase the reliability and accessibility of evidence-informed health worldwide. Cochrane evidence has been used for the past 20 years to inform health decisions. Our new partnerships reflect our commitment to help improve the world’s health through high quality, up-to-date research evidence, and to make this information accessible and easy to understand.”

Cochrane Reviews are systematic reviews of primary research in human health care and health policy, and are internationally recognized as the highest standard in evidence-based health care. They investigate the effects of interventions for prevention, treatment, and rehabilitation. They also assess the accuracy of a diagnostic test for a given condition in a specific patient group and setting. They are published online in the *Cochrane Database of Systematic Reviews* in the *Cochrane Library*.

Each systematic review addresses a clearly formulated question; for example: Can antibiotics help in alleviating the symptoms of a sore throat? All the existing primary research on a topic that meets certain criteria is searched for and collated, and then assessed using stringent guidelines, to establish whether or not there is conclusive evidence about a specific treatment. The reviews are updated as new evidence becomes available, ensuring that treatment decisions can be based on the most up-to-date and reliable evidence.

This is a standard way of simply describing what Cochrane does to an external audience.



The *Cochrane Library* is a collection of six databases that contain different types of high quality, independent evidence to inform healthcare decision-making, and a seventh database that provides information about Cochrane groups.

Systematic reviews are our main publication. They are published electronically in full text in the *Cochrane Library*. The abstracts and plain language summaries of all Cochrane Reviews are also freely available on **cochrane.org**

All Cochrane Reviews are published in the *Cochrane Database of Systematic Reviews* in the *Cochrane Library* – **cochranelibrary.com**

The *Cochrane Library* is published by Wiley.

---

# Language

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|                              |    |
|------------------------------|----|
| Introduction                 | 18 |
| Our name                     | 19 |
| Overview                     | 20 |
| Tone of voice                | 21 |
| Writing toolkit              | 23 |
| Translation and localization | 36 |



This section sets out how we want to present the language and tone of voice reflecting our identity to a wider world.

We have designed these guidelines to inform your group's external communications style.

They are a useful tool when writing communication reports, marketing and public relations materials.

They are not designed to be a style guide on how to write a review.

For this type of guidance, we have our established **Cochrane Style Guide**, which is available here -

**[cochrane.org/editorial-and-publishing-policy-resource/copy-editing#cochrane-style-guide](https://cochrane.org/editorial-and-publishing-policy-resource/copy-editing#cochrane-style-guide)**.

When writing all documents, Cochrane's 'house' style is UK with a 'z' spelling. We encourage you to use this style when producing official Cochrane documents. However, if you choose not to follow this recommendation, please ensure that your style choices are consistent throughout any document.

## Our name is Cochrane

To make things clear, and consistent and to maximize impact, we now refer to ourselves simply as ‘Cochrane’, in the singular.

**For example:**

‘Cochrane is...’

We no longer say ‘The Cochrane Collaboration’.

We are a collaboration as well as an organization, however you can, talk about us as a collaboration, using a small ‘c’.

**For example:**

‘Cochrane is a worldwide collaboration...’

## When communicating externally, everything we write counts.

Every piece of external communication we produce is an opportunity to help us achieve our goals to attract support for our work and make Cochrane better known. It is our chance to achieve our mission of promoting evidence-informed health decision-making.

The tone of our language, what we say, and how we say it defines the way people respond to us.

By writing in a plain speaking tone that's true to our brand, we can bring to life all that is important about Cochrane.

## Finding our voice

Our three statements shape our behaviour, our decisions, and the personality or tone we convey in our writing:

### for knowledge

We write in a tone that's clear, confident and direct. Our language is precise, concise and backed up with evidence.

### for change

Our writing conveys energy, optimism, and confidence. We focus on outcomes, use active language, and talk about the future.

### for you

We focus on our readers' interests, use their everyday language, and write as if we're talking face-to-face.

We are aiming for one clear, recognizable voice that is for knowledge, for change, for you.

## How does our tone of voice sound?

### What it is

- ✓ One clear, recognizable voice
- ✓ A conversation with your reader
- ✓ A valuable point of view
- ✓ An inspiring example

Here are some practical tips to help you write clear and effective external communications.

## Ready to write?

First, ask yourself:

**Who is my reader** and what do they want to know?

**What do I want to happen** as a result of this communication?  
What do I want my reader to do, think, and feel?

**What do I need to say?** What's the best order to say it in,  
and is there anything I can cut out?

**How should I say it?** Now you're ready to choose and apply  
the tone of voice techniques in our toolkit...

---

## For knowledge

We accept only the best evidence that research can provide. This sets us apart and makes us strong.

### Techniques:

- 
1. Get to the point

---

  2. Show don't tell

---

  3. Be concise



We express ourselves in a clear, confident, direct way. We're precise and give evidence for what we say.

# 1. Get to the point

Start with your conclusion, giving the benefit of your information up front.

## What it is

- ✓ A is more effective than B.  
This review explains why.

## How to

- ✓ Cochrane Colloquia are our annual flagship events, bringing together Cochrane contributors from around the world to discuss, develop, and promote Cochrane and help shape its future.

## What it's not

- ✗ This review explores the relative merits of options A and B.

## How not to

- ✗ Cochrane Colloquia are held in different locations each year and comprise business, scientific, and training sessions for Cochrane contributors.

## 2. Show don't tell

Don't just tell your reader what to think: show them with concrete facts, examples, and other evidence that gives the proof.

### What it is

- ✓ Our work is recognized by A, B, and C as the benchmark...
- ✓ We collaborate with...
- ✓ The review led to...  
[specific outcomes]

### What it's not

- ✗ Our work is widely recognized as the benchmark...
- ✗ We believe in collaboration
- ✗ The review had a significant impact

### 3. Be concise

Less is more. Break up text into short paragraphs and sentences and if in doubt, cut it out.

#### Delete

- ✘ The following orientation may be helpful in navigating this site
- ✘ At this moment in time
- ✘ As a respected collaboration
- ✘ Going forward / Ongoing
- ✘ We would like to take this opportunity to
- ✘ I am writing with regard to / First of all
- ✘ Please do not hesitate to / Please take time to

---

## For change

We're working for a future where everyone can be sure of the best possible healthcare decisions.

Techniques:

- 
4. Talk about the outcome

---

  5. Choose active language

---

  6. Focus on the future



We take ownership of what we say, speaking in a way that's positive, active, and engaging.

## 4. Talk about the outcome

You've already decided what you want your audience to do, think, and feel. Now write so that everything you say points towards these outcomes.

### What it is

- ✓ We're depending on you to help us make this project a success. It's easy to enrol but we need your form by 6 May.

### How to

- ✓ Tell us what you think works at Cochrane Colloquia, and how they could work better for you. Submit your opinions *here* by 28 Feb and help shape the future of our events.

### What it's not

- ✗ Should you wish to participate, please note that submissions for enrolment will close on 6 May.

### How not to

- ✗ We are interested in input from Cochrane contributors on their experiences of Cochrane Colloquia. Please note that the consultation period closes on 28 Feb.

## 5. Choose active language

Use the active voice to give a clear sense of people doing things and taking ownership of their tasks.

### What it is

- ✓ You can find out about training...
- ✓ I've read your email
- ✓ We're looking into it
- ✓ I'll get back to you by Friday

### What it's not

- ✗ Training resources can be found...
- ✗ Your enquiry was received
- ✗ Enquiries are being made
- ✗ You'll be informed in due course

## 6. Focus on the future

Use future-focused words and phrases to talk about what will be.

### What it is

- ✓ we begin
- ✓ we want
- ✓ we will see
- ✓ we look ahead to
- ✓ we'll become
- ✓ our plans
- ✓ our ambitions

### What it's not

- ✗ we began
- ✗ we wanted
- ✗ we have seen
- ✗ we look back on
- ✗ we have become
- ✗ our experience
- ✗ our heritage

---

## For you

We're open, collaborative, and inclusive: everyone can get involved and everyone benefits.

Techniques:

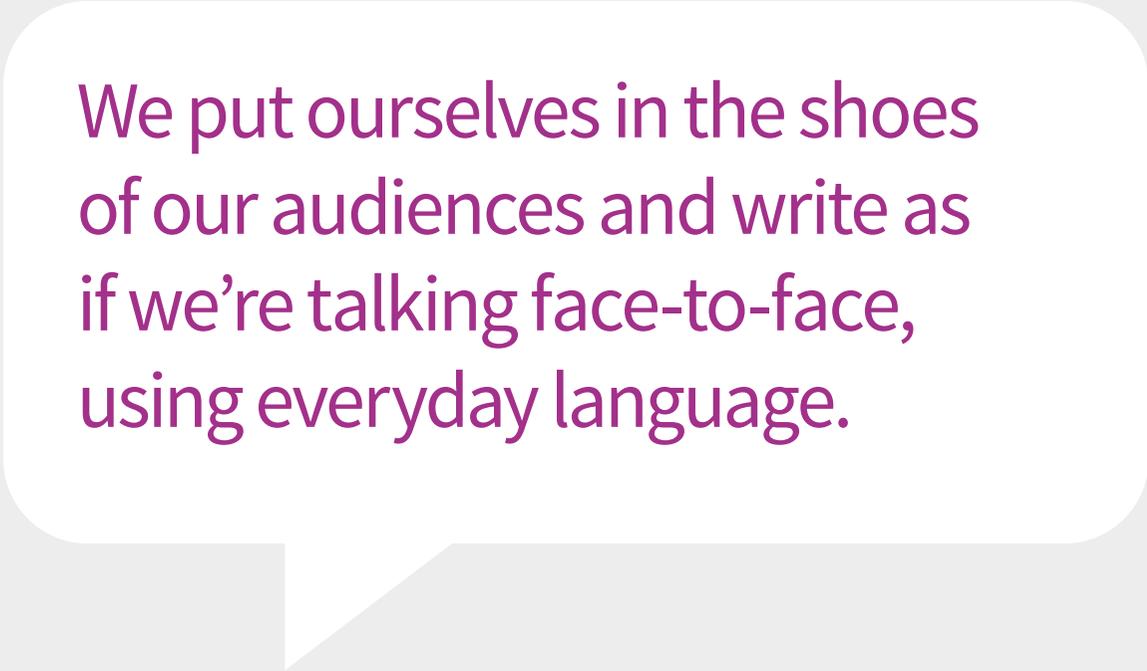
- 
7. Step into your readers' shoes

---

  8. Use everyday words

---

  9. Say: you, I, and we



We put ourselves in the shoes of our audiences and write as if we're talking face-to-face, using everyday language.

## 7. Step into your readers' shoes

What's their agenda?

What's their interest?

What do they need to know?

Would they like to know?

Will it help them to know?

What's the best way to tell them?

Let these insights guide what you say.

### What it is

- ✓ You can use this website to find summaries of our latest reviews of health evidence on any topic.

### What it's not

- ✗ The following orientation may be helpful in navigating this website...
- ✗ The website is designed with four different sorts of pages...

## 8. Use everyday words

Avoid unnecessary jargon, spell out abbreviations, and choose the shorter word.

What it is

What it's not

✓ Start

✗ Commence

✓ Use

✗ Utilize

✓ Help

✗ Assist

✓ Ask

✗ Request

✓ Need

✗ Require

What it is

What it's not

✓ Get

✗ Obtain

✓ Tell

✗ Advise

✓ Thanks

✗ Acknowledge

✓ Try

✗ Endeavour

✓ End

✗ Terminate

## 9. Say: you, I, and we

Create a sense of direct dialogue by talking in the first and second person: you, your, yours, we, our, ours, us, I, my, and mine.

### What it is

✓ We

✓ You

### What it's not

✗ The department, the organization, the team, etc.

✗ Colleagues, members, candidates, applicants, stakeholders, those individuals, etc.

Cochrane groups and contributors work in many different parts of the world. As a result, we communicate in many different languages and interact in a variety of social and cultural environments.

We have developed these brand and communication guidelines in English, and our messages need to be consistent across the world.

We do encourage you to translate, and if necessary, adapt these, so they are applicable in your local context and allow you to reach your local audiences.

You are the experts in your regions, and you know best what your audiences do and don't understand.

If you do not mainly communicate in English, we encourage you to take the time and translate at least the “About Cochrane” and “Language” sections of the brand guidelines into your main language of communication. This will provide you with a basic framework and point of reference on how to talk about Cochrane in your own language. It may be beneficial to involve a native-speaking translator or editor in this task to help with the linguistic side of the translation.

If you need any support or advice in relation to translating or localizing the brand guidelines and your communication materials, please contact Cochrane's Translation Co-ordinator through Cochrane's Communications and External Affairs Department: [cead@lists.cochrane.org](mailto:cead@lists.cochrane.org).

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# Cochrane master brand design toolkit

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|  |    |
|--|----|
| Overview                               | 38 |
| Our logo                               | 39 |
| Strapline                              | 46 |
| Colours                                | 47 |
| Our font                               | 48 |
| Systematic graphic                     | 52 |
| Imagery                                | 56 |
| Print examples                         | 58 |
| Screen examples                        | 61 |
| Templates and 'How to' guides          | 66 |
| Online presence                        | 67 |
| Policy on the use of the Cochrane logo | 69 |



Our visual identity is more than just a logo. It is a toolkit of parts designed to work in combination with each other. Together they provide Cochrane with a distinctive look and feel that can be applied across all media and communications materials.

Our logo



Colour



Typography



Strapline



Systematic graphic



Imagery



The Cochrane logo tells a very important story (see page 7). It is our brand's most important visual asset and as such all reproductions must use original artwork. Please do not redraw, alter, or recreate it.



The Cochrane logo must be instantly recognizable in all applications. Wherever possible, we encourage you to reproduce it in colour. Where this is not possible, reversal or use in mono, is the next best option.

**Our logo**

Our preferred colour variation. Please use wherever possible, ideally on a white or very light coloured background.



**Reversed logo**

For use in circumstances where the standard logo would not be legible. For example, when placing the logo on a coloured background or image.



**Mono logo**

For usage in situations where colour reproduction is not available. For example, one colour print.



The Cochrane logo should stand out as much as possible. We have created an exclusion zone to provide clear space between it and all other elements.

**Clear space**

The exclusion zone should be half the height of the circular symbol in our logo as shown. No other graphic elements (design or words) should appear in the clear space around the logo.



**Cochrane projects**

Projects within Cochrane **do not** have their own Cochrane logo. They use the masterbrand logo. However when producing Word documents you can write the title of your project next to the main logo, following this spacing guide.



All printed materials should apply the Cochrane logo consistently. Wherever possible, place the logo in the top left corner and follow the recommended sizes detailed below. In exceptional circumstances, when this position does not suit the format, position the logo centrally as shown.

**Printed applications**

In printed materials position the Cochrane logo in the top left corner and scale to 40% of the document's shortest side.

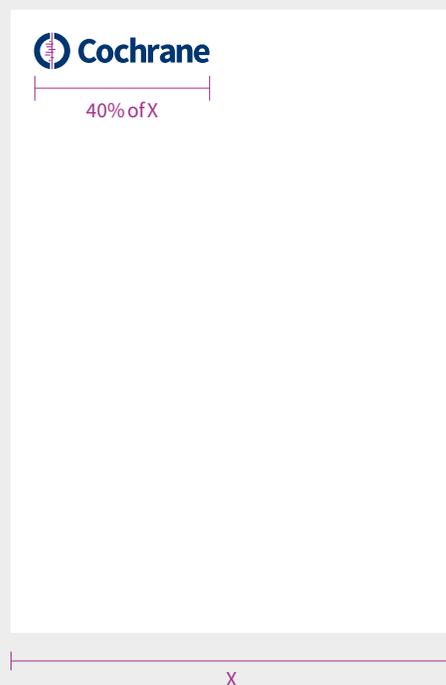
**Minimum size**

Avoid using the logo any smaller than 48mm unless the medium or format dictates otherwise.

**Templates**

Wherever possible use document template files where our logo is already scaled to the correct size.

Portrait



Landscape



Centred alternative



Online and other screen-based applications should also apply the Cochrane logo consistently. Always place the logo in the top left corner and follow the recommended sizes detailed below.

**Screen applications**

In online applications position the Cochrane logo in the top left corner and scale to 30% of the site width.

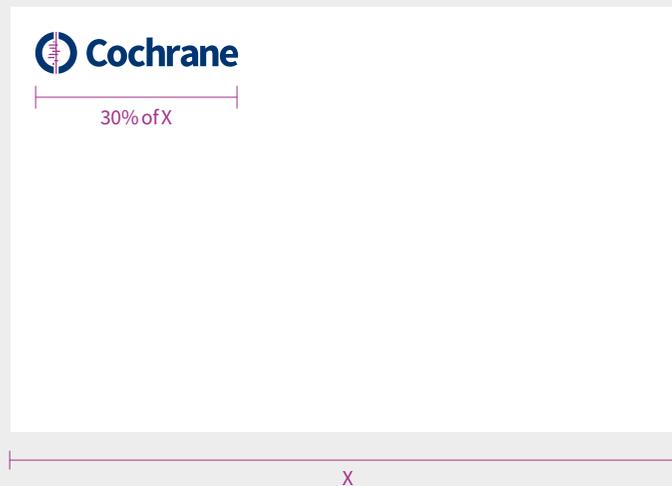
For mobile websites and applications, increase this measurement to 50%.

For PowerPoint presentations, follow the guidance for printed applications shown on the previous page.

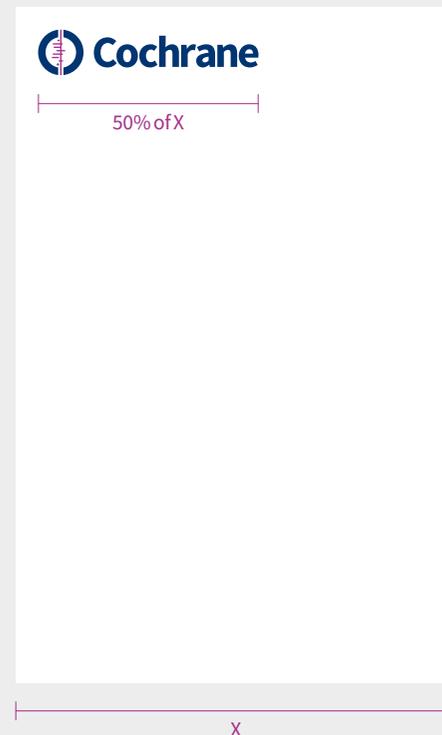
**Minimum size**

In pixel-based digital applications, aim never to use the logo any smaller than 200px wide.

**Desktop**



**Mobile**



Please treat the Cochrane logo with respect. It is the cornerstone of our brand and presentation should always be consistent on and offline.

Please do not modify or redraw the Cochrane logo in any way. Please do not use any background that impairs the visibility.

These examples show some common mistakes to avoid.



✘ Do not change the colour of the logo.



✘ Do not distort the shape of the logo.



✘ Do not add to any component parts or alter the graphic data lines within our logo.



✘ Do not outline the logo or add keylines.



✘ Do not add any effects to the logo.



✘ Do not use the logo on a background that affects legibility, always use the right logo for the application.



A stacked format version of the Cochrane logo exists for usage where horizontal space is restricted. For example: social media profile images, online skyscraper ads, signage, merchandising, and when you are limited to a square space.

**Usage guidelines**

Please ensure, when using the stacked format logo, that all uses carefully follow our logo principles regarding colour, clear space, and misuse.



**Social media guidelines**

For social media profiles, use the circular graphic without the text. Carefully following our logo principles regarding colour, clear space, and misuse.



Download templates and 'How to' guides from [community.cochrane.org/brand](https://community.cochrane.org/brand)

Our strapline expresses our mission:

**Trusted evidence. Informed decisions. Better health.**

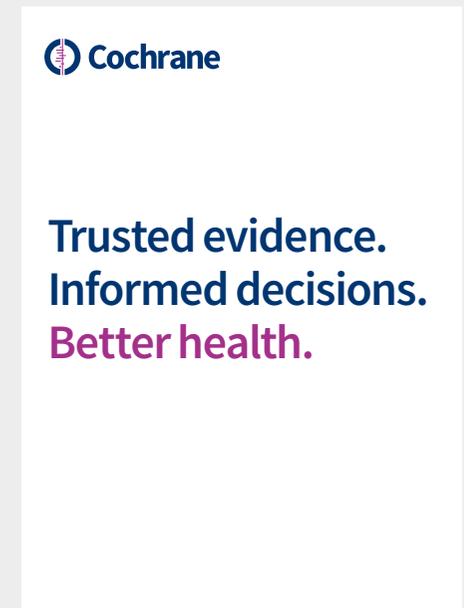
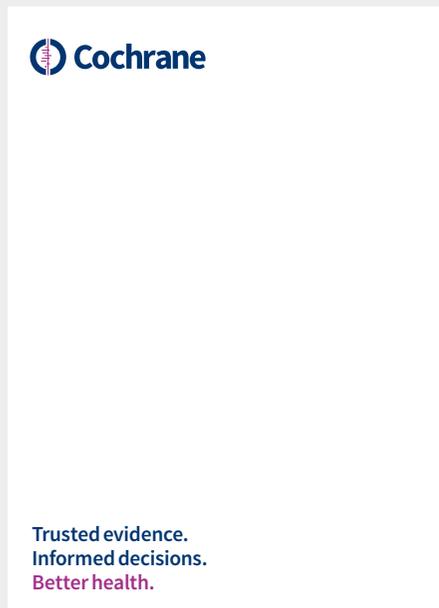
The strapline must appear on materials representing the collaboration as a whole.

**Usage**

The strapline must always appear in Source Sans Pro Semibold and should be positioned in the bottom left corner.

Where this is not possible, please align the strapline with the logo in another adjacent corner.

Presentation may omit the strapline when 'Trusted evidence. Informed decisions. Better health.' is the document's main headline. (See example shown far right.)



Colour is integral to our identity. Please use our colour palette for all general communications produced on behalf of the collaboration as a whole.

The Cochrane master brand colour palette consists of the following colours:

Cochrane Blue + Cochrane Purple + white + black + four greys

**Cochrane Blue and Purple**

Please follow carefully the colour specifications shown to ensure consistent reproduction across different media.

**Cochrane Blue**

|      |             |
|------|-------------|
| Spot | Pantone 281 |
| CMYK | 100.72.0.38 |
| RGB  | 0.45.100    |
| HEX  | 002D64      |

**Cochrane Purple**

|      |             |
|------|-------------|
| Spot | Pantone 253 |
| CMYK | 42.91.0.0   |
| RGB  | 150.45.145  |
| HEX  | 962D91      |

**White space**

Without white our master brand colours won't stand out enough.

**White**

|      |             |
|------|-------------|
| CMYK | 0.0.0.0     |
| RGB  | 255.255.255 |
| HEX  | FFFFFF      |

**Black and greys**

A neutral base for our communications. Black is ideal for long sections of text. Use greys to define and highlight information subtly.

|                |                  |                 |                   |                         |
|----------------|------------------|-----------------|-------------------|-------------------------|
| <b>Black</b>   | <b>Dark Grey</b> | <b>Mid Grey</b> | <b>Light Grey</b> | <b>Extra Light Grey</b> |
| CMYK 0.0.0.100 | CMYK 0.0.0.75    | CMYK 0.0.0.50   | CMYK 0.0.0.25     | CMYK 0.0.0.10           |
| RGB 0.0.0      | RGB 105.105.105  | RGB 153.153.153 | RGB 204.204.204   | RGB 230.230.230         |
| HEX 000000     | HEX 696969       | HEX 999999      | HEX CCCCCC        | HEX E6E6E6              |



Download the Source Sans Pro font family from [fontquirrel.com/fonts/download/source-sans-pro](https://fontquirrel.com/fonts/download/source-sans-pro)

Source Sans Pro is an open, legible, and professional font family. We have selected it purposefully, to represent Cochrane’s tone of voice in text. It is suitable for all applications, from print to online, and is free to download, allowing anyone to use it. Please do not use any other fonts.

**Source Sans Pro Regular**

This is our standard font weight and preferred version for body text and headlines across all applications.

Regular

abcdefghijklmnopqrstuvwxy  
ABCDEFGHIJKLMNOPQRSTUVWXYZ  
1234567890£\$@%&!/?+\*/=

**Source Sans Pro Semibold**

This version provides an additional font weight for when regular is too light and bold too heavy. For example, an introductory paragraph.

Semibold

abcdefghijklmnopqrstuvwxy  
ABCDEFGHIJKLMNOPQRSTUVWXYZ  
1234567890£\$@%&!/?+\*/=

**Source Sans Pro Bold**

This weight provides strong contrast to regular and is our preferred version for subheadings and highlighting text.

Bold

abcdefghijklmnopqrstuvwxy  
ABCDEFGHIJKLMNOPQRSTUVWXYZ  
1234567890£\$@%&!/?+\*/=

- Use Source Sans Pro for all documents where possible
- If sharing the documents with external groups, send the document as a PDF or image file
- If sharing documents with other Cochrane colleagues and groups, you will not need to save as PDF as they should have Source Sans Pro installed on their computer
- If you are unable to share the document as a PDF or you are using websites to produce content, then use Arial
- Arial is Cochrane’s secondary font if Source Sans Pro cannot be used

Typography is a key part of our brand. To create a consistent recognizable tone of voice in text, follow the guidelines below. Think carefully about how you use Source Sans Pro in applications. It is important that every piece of communication is clear, confident, and direct.

---

**Capitalization**

Always use sentence case text rather than 'Title Case' or 'UPPER CASE'.

Use sentence case

---

**Text alignment**

Wherever possible, align text left. When this is not practical, align small amounts of text right or centred.

Align text left

---

**Leading (line spacing)**

As a rough guide to line spacing, aim for around 20% leading. For example: 10pt text should be on 12pt leading.

Aim for 20% leading (line spacing).  
The space between lines of text

---

**Tracking (character spacing)**

It is possible to reduce the space between characters slightly to improve readability.

Tight spacing between letters

This example shows how to achieve a clear hierarchy of information using just three font sizes and three weights of Source Sans Pro.

Use this example as a starting point for your communications and help us to establish a clear, confident Cochrane tone of voice in text.

## Neuraminidase inhibitors for preventing and treating influenza in children

**This review found that treatment with neuraminidase inhibitors was only associated with modest clinical benefit in children with proven influenza. Treatment with oseltamivir or zanamivir shortened the duration of illness in healthy children by about one day.**

### Background:

During epidemics, influenza attack rates in children may exceed 40%. Options for prevention and treatment currently include the neuraminidase inhibitors zanamivir and oseltamivir. Laninamivir octanoate, the prodrug of laninamivir, is currently being developed.

### Objectives:

To assess the efficacy, safety and tolerability of neuraminidase inhibitors in the treatment and prevention of influenza in children.

### Search strategy:

For this update we searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 1) which includes the Acute Respiratory Infections Group's Specialised Register, MEDLINE (1966 to January week 2, 2011) and EMBASE (January 2010 to January 2011).

### Selection criteria:

Double-blind, randomised controlled trials (RCTs) comparing neuraminidase inhibitors with placebo or other antiviral drugs in children aged up to and including 12 years. We also included safety and tolerability data from other types of studies.

### Data collection and analysis:

Four review authors selected studies, assessed study quality and extracted data for the current and previous versions of this review. We analysed data separately for oseltamivir versus placebo, zanamivir versus placebo and laninamivir octanoate versus oseltamivir.

### Main results:

Six treatment trials involving 1906 children with clinical influenza and 450 children with influenza diagnosed on rapid near-patient influenza testing were included. Of these 2356 children, 1255 had laboratory-confirmed influenza. Three prophylaxis trials involving 863 children exposed to influenza were also included. In children with laboratory-confirmed influenza oseltamivir reduced median duration of illness by 36 hours (26%,  $P < 0.001$ ). One trial of oseltamivir in children with asthma who had laboratory-confirmed influenza showed only a small reduction in illness duration (10.4 hours, 8%), which was not statistically significant ( $P = 0.542$ ). Laninamivir octanoate 20 mg reduced symptom duration by 2.8 days (60%,  $P < 0.001$ ) in children with oseltamivir-resistant influenza A/H1N1.

Zanamivir reduced median duration of illness by 1.3 days (24%,  $P < 0.001$ ). Oseltamivir significantly reduced acute otitis media in children aged one to five years with laboratory-confirmed influenza (risk difference (RD) -0.14, 95% confidence interval (CI) -0.24 to -0.04). Prophylaxis with either zanamivir or oseltamivir was associated with an 8% absolute reduction in developing influenza after the introduction of a case into a household (RD -0.08, 95% CI -0.12 to -0.05,  $P < 0.001$ ). The adverse event profile of zanamivir was no worse than placebo but vomiting was more commonly associated with oseltamivir (number needed to harm = 17, 95% CI 10 to 34). The adverse event profiles of laninamivir octanoate and oseltamivir were similar.

### Authors' conclusions:

Oseltamivir and zanamivir appear to have modest benefit in reducing duration of illness in children with influenza. However, our analysis was limited by small sample sizes and an inability to pool data from different studies. In addition, the inclusion of data from published trials only may have resulted in significant publication bias. Based on published trial data, oseltamivir reduces the incidence of acute otitis media in children aged one to five years but is associated with a significantly increased risk of vomiting. One study demonstrated that laninamivir octanoate was more effective than oseltamivir in shortening duration of illness in children with oseltamivir-resistant influenza A/H1N1. The benefit of oseltamivir and zanamivir in preventing the transmission of influenza in households is modest and based on weak evidence. However, the clinical efficacy of neuraminidase inhibitors in 'at risk' children is still uncertain. Larger high-quality trials are needed with sufficient power to determine the efficacy of neuraminidase inhibitors in preventing serious complications of influenza (such as pneumonia or hospital admission), particularly in 'at risk' groups.

This record should be cited as: Wang K, Shun-Shin M, Gill P, Perera R, Harnden A. Neuraminidase inhibitors for preventing and treating influenza in children (published trials only). Cochrane Database of Systematic Reviews 2012, Issue 4. Art. No.: CD002744. DOI: 10.1002/14651858.CD002744.pub4

Assessed as up to date: 25 January 2011

### Headline

30/32pt  
Source Sans Pro Regular

### Introduction text

15/18pt  
Source Sans Pro Semibold

### Subheadings

10/12pt  
Source Sans Pro Bold

### Main body copy

10/12pt  
Source Sans Pro Regular



Source Sans Pro currently supports a wide range of languages using Latin script, including extended characters and support for Cyrillic, Greek, and Vietnamese. Source Han Sans offers a set of Chinese, Japanese, and Korean fonts designed to complement Source Sans Pro.

## Source Sans Pro

### Latin and Latin Extended

Afrikaans, Archaic Danish, Basque, Breton, Catalan, Croatian, Czech, Dutch, English, Esperanto, Estonian, Finnish, French, Gaelic, German, Hungarian, Icelandic, Indonesian, Irish, Italian, Latvian, Lithuanian, Norwegian, Polish, Portuguese, Romanian, Sami, Serbian (Latin), Slovak, Slovenian, Spanish, Swahili, Swedish, Turkish, and Welsh.

### Cyrillic and Cyrillic Extended

Abaza, Adyghe, Agul, Avar, Balkar, Belarusian(Cyrillic), Bulgarian, Buryat, Chechen, Crimean Tatar(Cyrillic), Dargin, Dungan, Erzya, Ingush, Kabardian, Kalmyk, Karakalpak, Karachay, Kazakh, Lak, Lezgian, Khinalugh, Kyrgyz(Cyrillic), Kumyk, Macedonian, Moksha, Mongolian(Cyrillic), Nanai, Nivkh, Nogai, Russian, Rusyn, Rutul, Selkup, Serbian(Cyrillic) Tabasaran, Tajik, Tat, Tatar, Turkmen, Tuvan, Ukrainian, and Uzbek(Cyrillic).

### Others

Archaic Greek, Modern Greek, and Vietnamese.



Download the Source Sans Pro font family from [fontquirrel.com/fonts/download/source-sans-pro](https://fontquirrel.com/fonts/download/source-sans-pro)

## Source Han Sans

### Pan-CJK

Japanese, Korean, Simplified Chinese, and Traditional Chinese.



Download Source Han Sans from [sourceforge.net/projects/source-han-sans.adobe/files/](https://sourceforge.net/projects/source-han-sans.adobe/files/)

### Not there?

If your chosen language is not listed in Source Sans Pro. Please Use Arial, Cochrane's secondary font.

The systematic graphic, better known as the forest plot, is a dynamic and distinctive layout device that brings a cohesive unity to Cochrane communications. We have created it by isolating and enlarging the review data from within our logo.

We have designed the systematic graphic to illustrate Cochrane's story. Please treat it with respect by following the guidelines and examples in this section to ensure that we tell our story correctly.



A few dos...

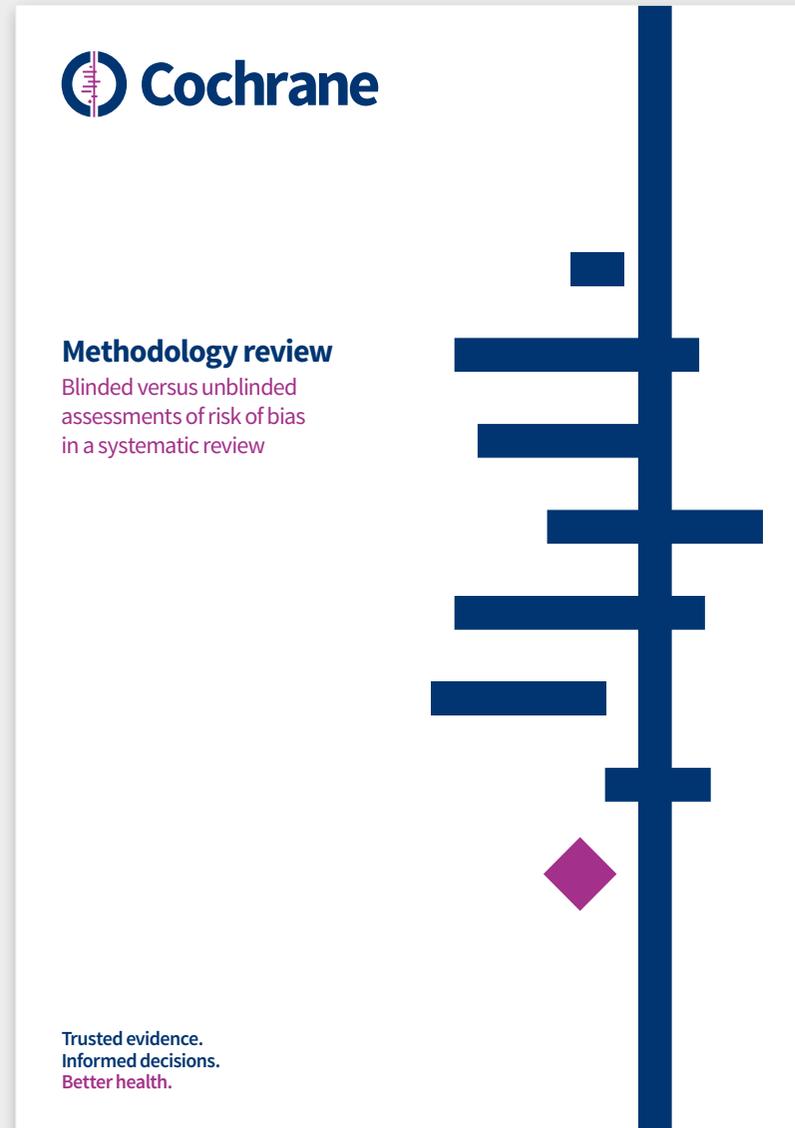
- ✓ Always place the graphic on the right hand side of layouts.
- ✓ Carefully position the graphic so it does not clash with the logo or enter its clear space.
- ✓ It's acceptable to scale up and crop the graphic, but the vertical line must always be visible.
- ✓ Position text, such as the document title, so that it aligns with the graphic shapes created.
- ✓ Aim to include the diamond shape, which symbolizes success, in layouts wherever possible.
- ✓ If in doubt use the templates provided or follow the examples shown on the following pages.

A couple of don'ts...

- ✗ Never rotate, flip, skew, or distort the graphic in any way.
- ✗ Do not alter, change, edit or remove any parts from the graphic.

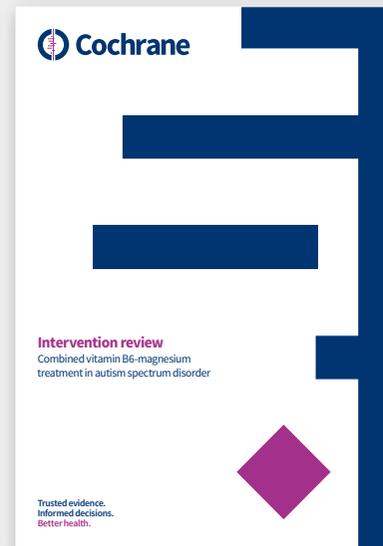
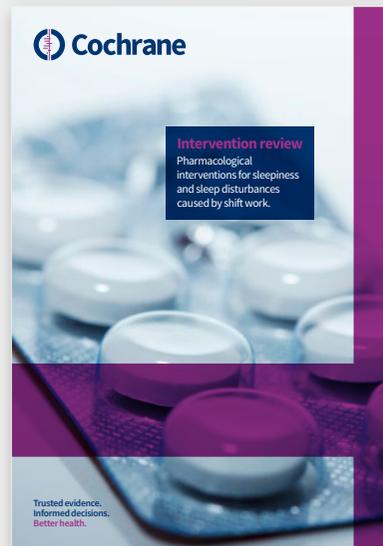
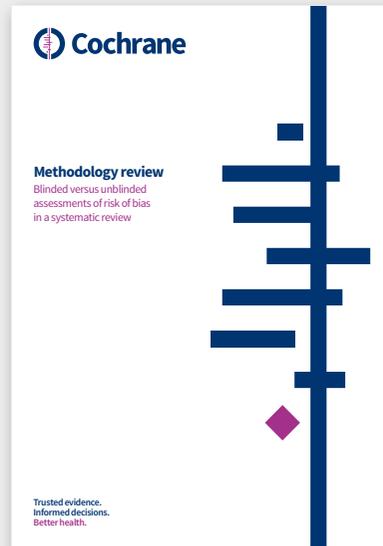


Download templates and 'How to' guides from [community.cochrane.org/brand](https://community.cochrane.org/brand)



**Flexibility**

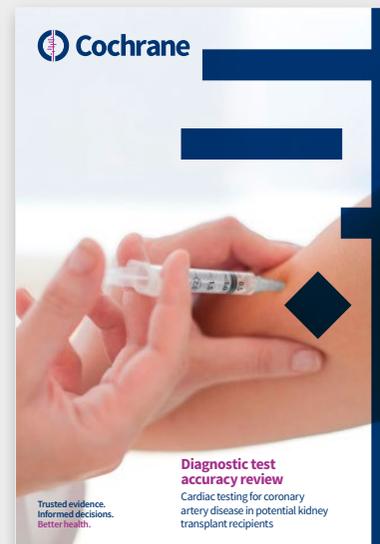
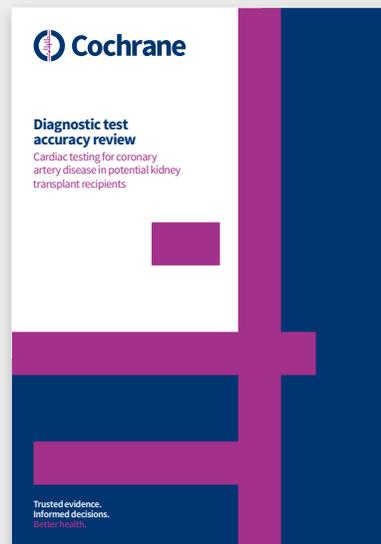
Designs may scale the systematic graphic up or down to suit the document contents and intended audience. This can range from simple, purely graphic layouts through to more complex layouts where the graphic works with imagery.



Download templates and 'How to' guides from [community.cochrane.org/brand](https://community.cochrane.org/brand)

Templates

The examples on these pages illustrate how you can use the digital templates. Use these files as a starting point for your reports and communications.

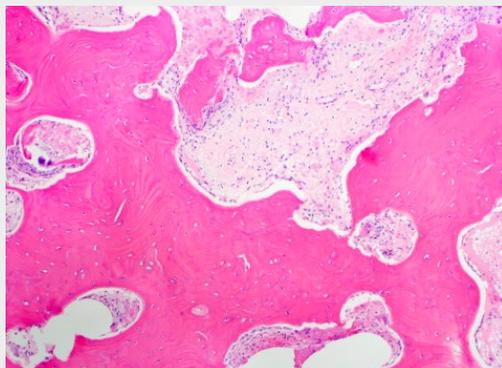


Download templates and 'How to' guides from [community.cochrane.org/brand](https://community.cochrane.org/brand)



**Better health**

Simple, direct, and easy to understand, close-up images of everyday health review topics.

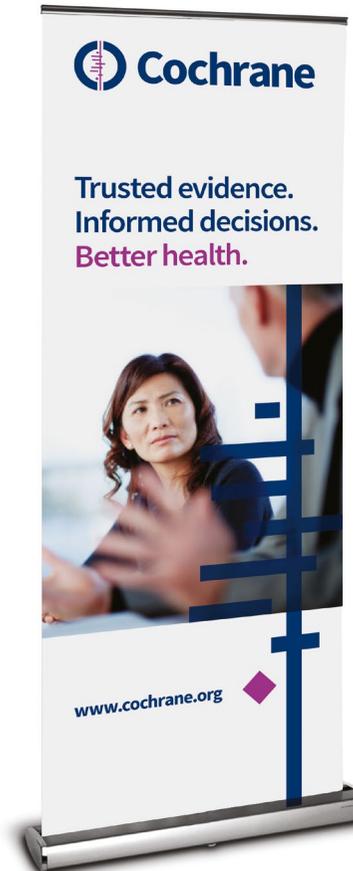


Contact [cead@lists.cochrane.org](mailto:cead@lists.cochrane.org) to get access to iStock.com photo library

Literature



Display



Left: Brochure cover  
Right: Brochure text page

Left: Pop-up banner stand  
Right: Poster

Personalized



Top: Business card  
Bottom: Identity badge

Merchandise



Left: T-shirt  
Right: Mug and pen

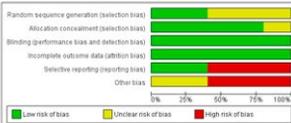
A0 poster templates



**Poster title – source sans pro bold 72 pt**

**Heading 2 – Source sans pro semibold 36pt**  
 Basic text is source sans pro regular 32 pt in black.  
 Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

**Heading 3 – source sans pro regular in secondary colour 32 pt**  
 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.



**Figure 2.** Risk of bias graph, review authors' judgements about each risk of bias item presented as percentages across all included studies.

**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Use Heading 2 – Source sans pro semibold In Cochrane blue**

**Heading 3 – Source sans pro regular in black**

**Source sans pro regular**      **Source sans pro regular in black**

**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Heading 2 – Source sans pro semibold 36pt**  
 Basic text is source sans pro regular 32 pt in black.  
 Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

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 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.



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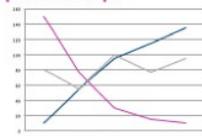
**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Author and contact details**      **cochrane.org**



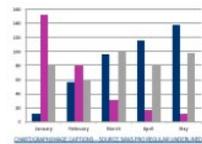
**Poster title – source sans pro bold 72 pt**



**Heading 2 – Source sans pro semibold 36pt**  
 Basic text is source sans pro regular 32 pt in black.  
 Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

**Heading 3 – source sans pro regular in secondary colour 32 pt**  
 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.

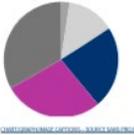
**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**



**Heading 2 – Source sans pro semibold 36pt**  
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 Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves. Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.

**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**



**Use Heading 2 – Source sans pro In Cochrane semibold**      **Source sans pro regular in black**

**Heading 3 – Source sans pro regular in black**      **Source sans pro regular in black**

**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**CHART /GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Author and contact details**      **cochrane.org**

Left: Cochrane portrait scientific poster template  
 Right: Cochrane landscape basic poster template

Download templates and 'How to' guides from [community.cochrane.org/brand](https://community.cochrane.org/brand)

Presentation



Left: PowerPoint title slide  
Right: PowerPoint master slide

Website



Left: Desktop homepage  
Right: Mobile homepage

Social media banners



Left: Twitter banner  
Right: Facebook banner

If your group would like a set of social media banners, email [cead@lists.cochrane.org](mailto:cead@lists.cochrane.org) with a suggested banner image and a list of the banners needed.

**Infographics**

Information graphics or infographics are graphic visual representations of information, data or knowledge intended to present information quickly and clearly.

They are an interesting and exciting way to represent graphic content to tell a story. You can also use pictures to the story.

Cochrane groups are exploring ways of using infographics to translate evidence, data and information into easy insights and understanding to internal and external audiences.

Cochrane infographics need to align with our brand integrity and here are some examples and templates you may wish to use. For more examples and how to use please download the Cochrane infographic 'How to' guide.

Before you create your infographic, be clear about:

- Who do I want to reach?
- What do I want to say?
- What's the best form for achieving this?

**Cochrane**  
Trusted evidence. Informed decisions. **Better health.**

Only **6%** of the world speaks English as a first language. **75%** do not speak English at all

WE TRANSLATE OUR EVIDENCE TO MAKE IT MORE ACCESSIBLE WORLDWIDE

**13,642** translations of abstracts and plain language summaries have been published on our websites

More than **2,000** have been translated or updated in 2015

COCHRANE.ORG HAS BEEN TRANSLATED INTO 12 LANGUAGES

- German
- Spanish
- French
- Croatian
- Portuguese
- Malay
- Russian
- Japanese
- Korean
- Traditional Chinese
- Simplified Chinese
- Tamil

3 MOST TRANSLATED COCHRANE REVIEWS

- Electronic cigarettes for smoking cessation and reduction (in 8 languages)
- Interventions for preventing obesity in children (in 7 languages)
- Early skin-to-skin contact for mothers and their healthy newborn infants (in 7 languages)

COCHRANE TRANSLATIONS ARE MADE POSSIBLE BY SEVERAL HUNDRED VOLUNTEERS  
THANK YOU TO ALL OUR CONTRIBUTORS

WHAT'S NEXT

- Developing a multilingual Cochrane Library
- Creating a portal of translation resources for volunteers
- New languages explored: Arabic, Hindi, Indonesian, Persian, Polish, Thai, and Urdu

cochrane.org/translation @cochranelingual

Left: Cochrane Translations infographic

**Cochrane**  
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World Health Organization (WHO) guidelines are used as the basis for regulation and standard setting in developing and developed countries world-wide.

The WHO uses Cochrane evidence to inform its accredited guidelines and other evidence-based recommendations.

**144** World Health Organization guidelines have been informed using **405** Cochrane reviews since 2008.

- In 2011, 65% of WHO guidelines used evidence from 66 Cochrane reviews
- In 2014, 65% of WHO guidelines used evidence from 86 Cochrane reviews
- By June 2015, 65% of WHO guidelines used evidence from 13 Cochrane reviews

The Cochrane Pregnancy and Childbirth group has contributed the largest number of reviews to WHO guidelines.

The 10 WHO guidelines that use the largest number of Cochrane reviews:

- Recommendations for augmentation of labour (25 reviews)
- Pharmacological treatment of mental disorders in primary health care (22 reviews)
- Recommendations for the prevention and treatment of postpartum haemorrhage (22 reviews)
- World Report on Disability (21 reviews)
- Essential nutrition actions: improving maternal, newborn, infant and young child health and nutrition (18 reviews)
- Recommendations for prevention and treatment of pre-eclampsia and eclampsia (18 reviews)
- Recommendations for induction of labour (18 reviews)
- Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence (15 reviews)
- World Report on Child Injury Prevention (15 reviews)
- Guidelines for the treatment of malaria (14 reviews)

Middle: Cochrane impact in World Health Organization guidelines infographic

**Cochrane**  
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COCHRANE EVIDENCE INFORMS A MAJOR NEW UK POLICY PROGRAMME IN CHILD HEALTH CARE

**45** Cochrane reviews support the UK government's Healthy Child Programme

The Healthy Child Programme (HCP) is the main universal health service for improving the health and wellbeing of children from birth to 18 years old

Health and development reviews

Health promotion

Parenting support

Screening and immunisation programmes

From October 2015 local authorities take over responsibility from NHS England for public health services for babies and children up to 5 years old, including:

- health visits
- the Family Nurse Partnership programme

Public Health England commissioned a rapid review of new evidence to:

- support this transition
- ensure that the HCP is underpinned by resilient, up-to-date evidence of 'what works', as the programme was last updated in 2009

This rapid review was informed by health evidence from 7 Cochrane review groups:

- Cochrane Neonatal
- Cochrane Heart
- Cochrane Injuries
- Cochrane Public Health
- Cochrane Pregnancy and Childbirth
- Cochrane Tobacco Addiction
- Cochrane Developmental, Psychosocial and Learning Problems

Find out more: cochrane.org Follow us: @cochraneuk

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MailChimp e-newsletter template

Trusted evidence. Informed decisions. Better health. Cochrane Connect brings you a monthly dose of news, events, and noteworthy Cochrane Reviews

View this email in your browser



Trusted evidence. Informed decisions. Better health.

Issue 08 | August 2015

**Noteworthy Cochrane Reviews**

**Special Collection on Indigenous health**

To commemorate the International Day of the World's Indigenous Peoples, a Special Collection is available focusing on health issues relevant to Indigenous people.

**Featured Review: Interventions for bronchiectasis**

Review gives starting point in reducing uncertainty in treating chronic wet coughs.

**Important news**

Updated list of Cochrane Priority Reviews now available.

Call for proposals for the Cochrane Review Support Programme.

Cochrane seeks Head of Finance and Core Services.

Cochrane Kidney and Transplant Group seeks Managing Editor - Sydney, NSW, Australia.

Cochrane seeks IT Manager - London, UK.

**Cochrane in the News**

The deworming debate: Key points and online resources highlighting the ongoing debate on the effectiveness of school deworming programmes.

The New York Times discusses applying the principles of evidence to alternative medicine.

**Cochrane Colloquium Vienna: 9-7 Oct 2015**

Top keynote speakers, 90 workshops, and 9 hours of oral sessions! Join us in Vienna for the 23rd Cochrane Colloquium!

Website Twitter Facebook

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Trusted evidence. Informed decisions. Better health.

Issue 8 | August 2015

**Feature this month**

End of (northern) summer review from the Editor in Chief.

David Tovey, the Editor in Chief of the Cochrane Library, discusses recent and ongoing work in the Cochrane Editorial Unit.

Contribute to the development of Cochrane Membership Scheme

Cochrane is launching a new membership scheme and now is your chance to give feedback on the broad concepts as we seek to finalize our proposals.

**Special Collection on Indigenous health**

To commemorate the International Day of the World's Indigenous Peoples, a Special Collection is available focusing on health issues relevant to Indigenous people.

**How to get technical support**

The Informatics and Knowledge Management Department gives an update on their restructuring and who to contact if you have a technical question.

**Cochrane website rebrand**

Designing and maintaining a website is new territory for Cochrane Mexico but they ended up with a polished website. Read how they made the most of the rebrand project and put some of their tips into practice!

**Cochrane consultations**

Share your views on Cochrane annual and regional events

A review of Cochrane events, including Colloquia and regional meetings, is underway. Take part in a webinar and share your feedback through a survey.

How can we best produce Cochrane Systematic Reviews?

Project Transform is exploring how different groups and authors work to produce reviews. Take our survey and tell us what works and what doesn't.

**Cochrane Colloquium**

Just over a month to go until the 23rd Cochrane Colloquium in Vienna! You can still register until 9 September and discuss your preparations using the hashtag #cochranevienna on Twitter.

Left: Cochrane Connect newsletter  
Right: Cochrane Community newsletter

Download templates and 'How to' guides from [community.cochrane.org/brand](http://community.cochrane.org/brand)

We have growing collection of online and print templates available that match the new branding. We have also provided a series of 'How to' guides to help.

### Templates that are available:

- Basic Word documents (landscape and portrait)
- Detailed Word reporting documents (landscape and portrait)
- PowerPoint slides
- InDesign business cards
- Word certificate
- Email signature
- Word letterhead
- Word press release
- MailChimp e-newsletter template
- A0 PowerPoint poster templates (landscape and portrait)



## Guidelines for applying the Cochrane Brand in software tools.

### Principles

- The Cochrane brand should be integrated elegantly into all core tools to be used across Cochrane.
- Should a conflict between brand prominence and user experience occur, the user experience must be favoured.
- New tools will be asked to follow these closely. For existing tools (ie. Archie, CDSR), these guideline should be implemented organically as part of the software's development cycle.

### Logo

- Use the main logo - possible though using Cochrane with the name of the tool underneath (ie. Cochrane Task Exchange).
- We will use the main Cochrane fav icon for tools in the browser and when we have smaller responsive spaces where we want to show a minimum level of branding due to space constraints.
- The logo ideally should be in the upper left hand corner.

## Metanav and footer

- The standardised navigation element only apply to the homepage/log-in page of the tool and not when someone is working within the tool.
- The universal footer from Cochrane.org needs to be at the bottom of log-in pages.
- Quick links should be in the upper right hand corner to other places, as appropriate where a user would need to go elsewhere from the tool.

## Font

- Use Source Sans Pro.
- Should follow the weighting and guidance of sizing as on the style sheet.

## Colour

- Core tools to be used across Cochrane will use the main colours of blue and purple.
- Other colours—use sparingly and only ones that are in the secondary brand palette. Use Green for “go”/”success”, yellow for “warning” and red for “stop”/“danger”.
- In graphics or where you need more colours, use them but be conscious that too much colour and relying on colour as a way to guide something through a page isn't always helpful and has its limits.

Policy on the use of the  
Cochrane logo

In the process of developing and implementing Cochrane's new brand strategy, we have reviewed our existing policy on use of our logo and found much of it out of date. We would like to update it to be consistent with our branding strategy and guidelines and are therefore requesting a few changes, chief among them including the stipulation that our logo is not to be used on commercial products. For more information please see Cochrane's Organizational Policy Manual (*link to be provided once approved*)

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# Cochrane community design toolkit

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|                                 |    |
|---------------------------------|----|
| Introduction                    | 71 |
| Community framework             | 72 |
| Overview                        | 73 |
| Community colour palette        | 76 |
| Group logos                     | 77 |
| Imagery                         | 80 |
| Print examples                  | 81 |
| Screen examples                 | 84 |
| Templates and 'How to' guides   | 89 |
| Partnership and Funder branding | 90 |
| Thank you                       | 93 |



## The Cochrane community includes a wide variety of contributors and groups based around the world.

Our collaboration is united by our shared mission, vision, and goals, but our diverse community members frequently work autonomously and with specific focus. As such there is a genuine need to identify and clearly differentiate some of our groups.

The following pages outline how we do this. This framework allows individuality and expression within a clear structure leverages Cochrane's credibility without compromising trust in it.

Cochrane masterbrand

For communications about the collaboration as a whole and closely related services such as the *Cochrane Library*.

Use Cochrane Blue + Cochrane Purple (+ black + white + four greys)



General



Cochrane community

For communications from the collaboration's centres, branches and groups around the world.

Use Cochrane Blue + ONE colour from the community colour palette (+ black + white + four greys)



Centres and groups



The primary aim of our group identities is to create unity not uniformity. Follow the guidelines set out in our design toolkit, but with a change of logo, highlight colour, and imagery. This will provide each identity with visual autonomy while remaining strongly connected to Cochrane.

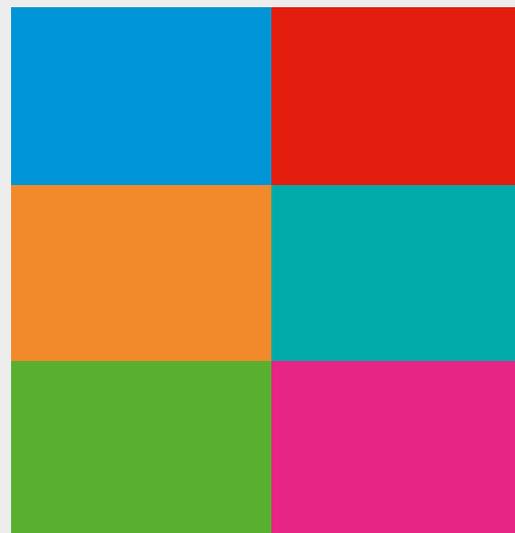
**Logo**

We will work with you to create a group logo for use on your communications.



**Colour**

Each group will choose its own colour from the community palette to replace Cochrane purple.



**Imagery**

Be more expressive with image selection and illustrate your group's specific focus.



**Examples**

Follow the guidance provided by the design toolkit but use your own logo, colour, and imagery. You can tailor the document templates provided to suit your group's specific focus and target audience.





The primary means for creating sub-brand identity is through colour. Please base your group's sub-brand around **ONE** of the six colour options shown below, in combination with Cochrane Blue.

Cochrane community colour palettes consist of the following colours: Cochrane Blue + **ONE** Cochrane secondary colour + white + black + four greys (all other colour specifications are listed on page 47)

**Sub-brand secondary colour palette**

Please follow carefully the colour specifications shown to ensure consistent reproduction across different media. The secondary colour for your group is used as a brand identifier.

Please do not use other colours apart from Cochrane Blue, black, white and grey in all communications online and offline. Use of other colours will detract from your group's brand identity.

|  |
|--|
| <b>Cochrane Cyan</b><br>Spot Pantone 2925<br>CMYK 85.21.0.0<br>RGB 0.140.210<br>HEX 008CD2   |
| <b>Cochrane Red</b><br>Spot Pantone 485<br>CMYK 0.95.100.0<br>RGB 225.35.40<br>HEX E12328    |
| <b>Cochrane Teal</b><br>Spot Pantone 326<br>CMYK 81.0.39.0<br>RGB 0.170.170<br>HEX 00AAAA    |
| <b>Cochrane Orange</b><br>Spot Pantone 715<br>CMYK 0.54.87.0<br>RGB 245.140.45<br>HEX F58C2D |
| <b>Cochrane Green</b><br>Spot Pantone 369<br>CMYK 68.0.100.0<br>RGB 85.175.60<br>HEX 55AF3C  |
| <b>Cochrane Magenta</b><br>Spot Pantone 219<br>CMYK 1.92.4.0<br>RGB 220.40.130<br>HEX DC2882 |

We will create community logos for your group using your choice of **ONE** colour from the community palette. Wherever possible, your group's logo should follow the examples shown below.

**Groups with short names**

For names that are shorter than twice the width of 'Cochrane', group logos will use equal sized text with the descriptor on the second line.



**Groups with long names**

For names that are longer than twice the width of 'Cochrane', group logos will use a smaller text size, with the descriptor positioned on the second line and third line where required.

The Methods descriptor may appear alongside Cochrane on the top line. A lighter font weight creates differentiation between them and the group's area of research.



Wherever possible, sub-brand logos should adhere to the main logo principles outlined in the design toolkit. This includes following guidelines regarding colour variations, clear space, size, position, and misuse.

**Colour variations**

Wherever possible use your group's logo in colour. When this is not practical, use mono or reversed versions.



**Clear space**

The exclusion zone should be half the height of the circular symbol in our logo as shown. For further information see page 41.



**Position**

Wherever possible, position the Cochrane logo in the top left corner.



A stacked format version of your group's Cochrane logo exists for usage where horizontal space is restricted. For example: social media profile images, online skyscraper ads, signage, merchandising, and when you are limited to a square space.

**Usage guidelines**

Please ensure, when using the stacked format logo, that all uses carefully follow our logo principles regarding colour, clear space, and misuse.



**Social media guidelines**

For social media profiles, use the circular graphic without the text. Carefully following our logo principles regarding colour, clear space, and misuse.



When selecting photography for group applications choose imagery that illustrates your location or focus and works in harmony with your colour. Be more expressive. Almost anything goes, so long as it reflects our shared mission, vision, and strapline.

Australia



Switzerland



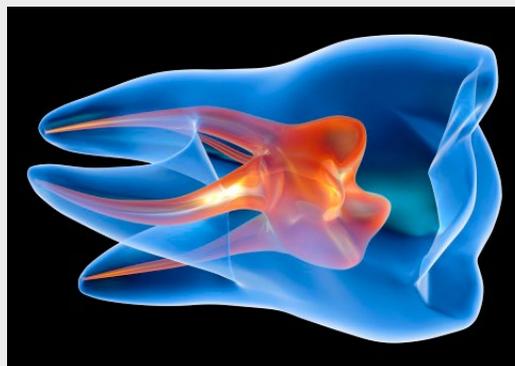
Brasil



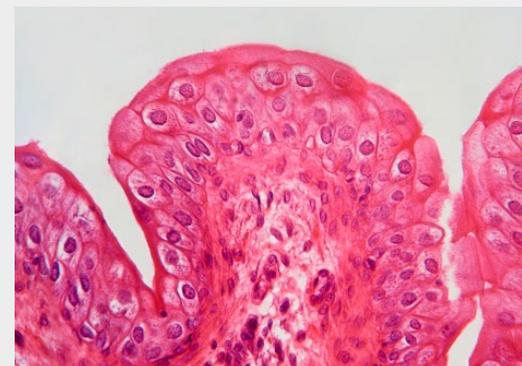
Eyes and Vision



Dental



Renal



Contact [mumoquit@cochrane.org](mailto:mumoquit@cochrane.org) to get access to iStock.com photo library

Literature

**Cochrane Switzerland**

**Document title**  
Um rentiun totatati vel imus et et voluptatis as que quo tet recest, tenditis ditates

**Trusted evidence. Informed decisions. Better health.**

### Neuraminidase inhibitors for preventing and treating influenza in children

This review found that treatment with neuraminidase inhibitors was only associated with modest clinical benefit in children with proven influenza. Treatment with oseltamivir or zanamivir shortened the duration of illness in healthy children by about one day.

**Background:** During epidemics, influenza attack rates in children may exceed 40%. Options for prevention and treatment currently include the neuraminidase inhibitors zanamivir and oseltamivir. Laninamivir octanoate, the prodrug of laninamivir, is currently being developed.

**Objectives:** To assess the efficacy, safety and tolerability of neuraminidase inhibitors in the treatment and prevention of influenza in children.

**Search strategy:** For this update we searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2011, Issue 1) which includes the Acute Respiratory Infections Group's Specialised Register, MEDLINE (1966 to January week 2, 2011) and EMBASE (January 2010 to January 2011).

**Selection criteria:** Double-blind, randomised controlled trials (RCTs) comparing neuraminidase inhibitors with placebo or other antiviral drugs in children aged up to and including 12 years. We also included safety and tolerability data from other types of studies.

**Data collection and analysis:** Four review authors selected studies, assessed study quality and extracted data for the current and previous versions of this review. We analysed data separately for oseltamivir versus placebo, zanamivir versus placebo and laninamivir octanoate versus oseltamivir.

**Main results:** Six treatment trials involving 1906 children with clinical influenza and 450 children with influenza diagnosed on rapid near-patient influenza testing were included. Of these 2356 children, 1255 had laboratory-confirmed influenza. Three prophylaxis trials involving 863 children exposed to influenza were also included. In children with laboratory-confirmed influenza oseltamivir reduced median duration of illness by 36 hours (20%,  $P < 0.001$ ). One trial of oseltamivir in children with asthma who had laboratory-confirmed influenza showed only a small reduction in illness duration (10.4 hours, 8%, which was not statistically significant ( $P = 0.542$ ). Laninamivir octanoate 20 mg reduced symptom duration by 2.8 days (80%,  $P < 0.001$ ) in children with oseltamivir-resistant influenza A/H1N1.

Zanamivir reduced median duration of illness by 1.3 days (24%,  $P < 0.001$ ). Oseltamivir significantly reduced acute otitis media in children aged one to five years with laboratory-confirmed influenza risk difference (RD) -0.14, 95% confidence interval (CI) -0.24 to -0.04. Prophylaxis with either zanamivir or oseltamivir was associated with an 8% absolute reduction in developing influenza after the introduction of a case into a household (RD -0.08, 95% CI -0.12 to -0.05,  $P < 0.001$ ). The adverse event profile of zanamivir was no worse than placebo but vomiting was more commonly associated with oseltamivir (number needed to harm = 17, 95% CI 10 to 34). The adverse event profiles of laninamivir octanoate and oseltamivir were similar.

**Authors' conclusions:** Oseltamivir and zanamivir appear to have modest benefit in reducing duration of illness in children with influenza. However, our analysis was limited by small sample sizes and an inability to pool data from different studies. In addition, the inclusion of data from published trials only may have resulted in significant publication bias. Based on published trial data, oseltamivir reduces the incidence of acute otitis media in children aged one to five years but is associated with a significantly increased risk of vomiting. One study demonstrated that laninamivir octanoate was more effective than oseltamivir in shortening duration of illness in children with oseltamivir-resistant influenza A/H1N1. The benefit of oseltamivir and zanamivir in preventing the transmission of influenza in households is modest and based on weak evidence. However, the clinical efficacy of neuraminidase inhibitors in 'at risk' children is still uncertain. Larger high quality trials are needed with sufficient power to determine the efficacy of neuraminidase inhibitors in preventing serious complications of influenza (such as pneumonia or hospital admission), particularly in 'at risk' groups.

This record should be cited as: Wang K, Shan-Shin H, Gill P, Peters R, Hamden A. Neuraminidase inhibitors for preventing and treating influenza in children (published trials only). Cochrane Database of Systematic Reviews 2012, Issue 4. Art. No.: CD002744. DOI: 10.1002/14651858.CD002744.pub4

Assessed as up to date to date: 25 January 2011

Left: Brochure cover  
Right: Brochure text pages

Display

**Cochrane Eyes and Vision**

### Interventions for eye diseases and visual impairment

**Trusted evidence. Informed decisions. Better health.**

**Cochrane Training**

### Training you to make a difference

**Cochrane exists so that health care decisions get better.**  
During the past 20 years, we have transformed the way treatment decisions are made. Cochrane produces reviews which study all of the best available evidence generated through research and make it easy to inform decisions about health.

We are a global, independent network of researchers, professionals, patients, carers, and people interested in health. Our work is recognised as international gold standard for high-quality, trusted information. We want to be the leading advocate for evidence-informed health care across the world.

**Trusted evidence. Informed decisions. Better health.**

Left: Pop-up banner stand  
Right: Poster

Personalized



Top: Business card  
Bottom: Identity badge

Merchandise



Left: T-shirt  
Right: Mug and pen

A0 poster examples

**Poster title – source sans pro bold 72 pt**

**Heading 2 – Source sans pro semibold 36pt**  
Basic text is source sans pro regular 32 pt in black.  
Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

**Heading 3 – source sans pro regular in secondary colour 32 pt**  
Dummy settings which use other languages or even gibberish to approximate text have inherent disadvantages that they distract attention towards themselves.  
Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.

**Author team contact**  
Cochrane review group with systematic review topic idea

**Title registration**

**Protocol submission**

**Protocol Publication**

**Review submission**

**Review publication in Cochrane Library**

Basic text is source sans pro regular 32 pt in black.  
Level 1 dummy text. It is intended to be read but have no meaning.

Basic text is source sans pro regular 32 pt in black.  
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Level 1 dummy text. It is intended to be read but have no meaning.

**CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Heading 2 – Source sans pro semibold**  
This is Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

**Heading 3 – source sans pro regular in secondary colour 32 pt**  
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Simultext may be produced in any typeface, at whatever size and format is required. Paragraphs may be long or short.

**CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Use Heading 2 Source sans pro semibold In Cochrane blue**

**Heading 3 Source sans pro regular in black**

Source sans pro regular Source sans pro regular in black

**CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Figure 2. Risk of bias graph: review authors' judgements about each risk of bias item presented as percentages across all included studies.**

**CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Author and contact details xxx.cochrane.org**

**Poster title – source sans pro bold 72 pt**

**Heading 2 – Source sans pro semibold 36pt**  
Basic text is source sans pro regular 32 pt in black.  
Level 1 dummy text. It is intended to be read but have no meaning. As a simulation of actual copy, using ordinary words with normal letter frequencies.

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**CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Use Heading 2 Source sans pro In Cochrane blue**

**Heading 3 Source sans pro regular in black**

Source sans pro regular Source sans pro regular in black

**CHART/GRAPH/IMAGE CAPTIONS – SOURCE SANS PRO REGULAR UNDERLINED**

**Author and contact details xxx.cochrane.org**

Left: Cochrane portrait scientific poster template  
Right: Cochrane landscape basic poster template

Download templates and 'How to' guides from [community.cochrane.org/brand](https://community.cochrane.org/brand)

Presentation

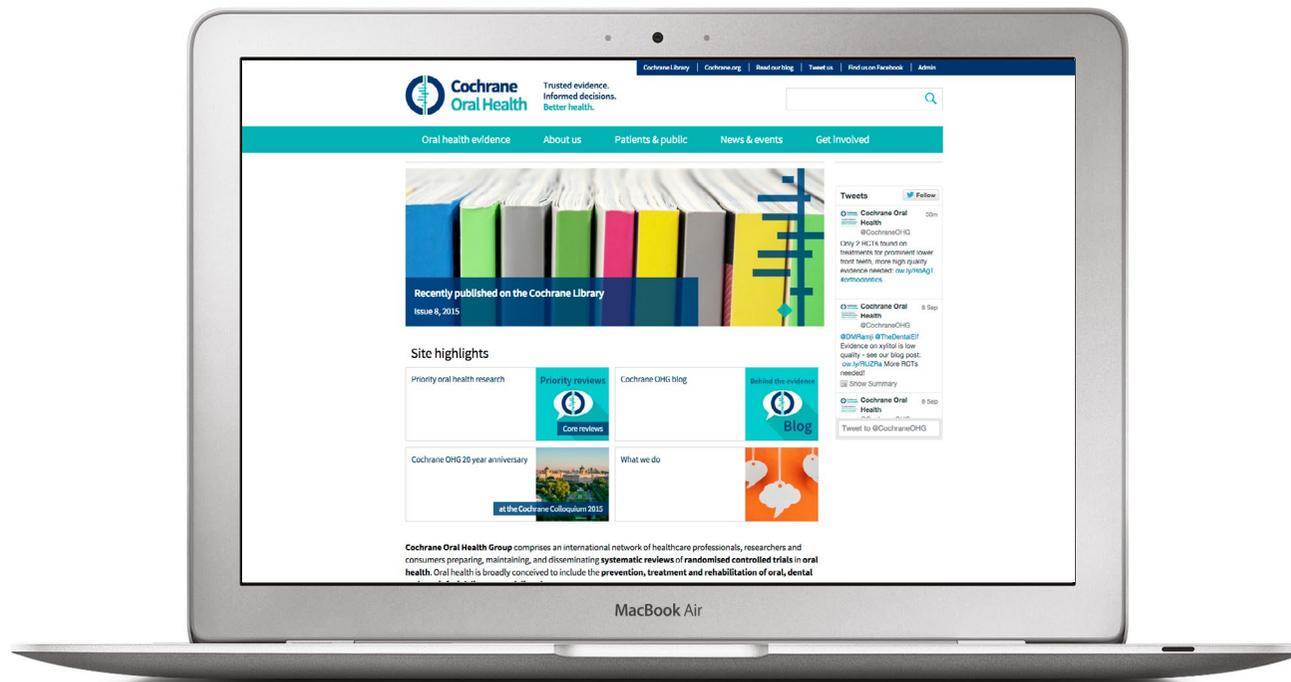


Left: PowerPoint title slide  
Right: PowerPoint master slide



Download templates and 'How to' guides from  
[community.cochrane.org/brand](https://community.cochrane.org/brand)

Website



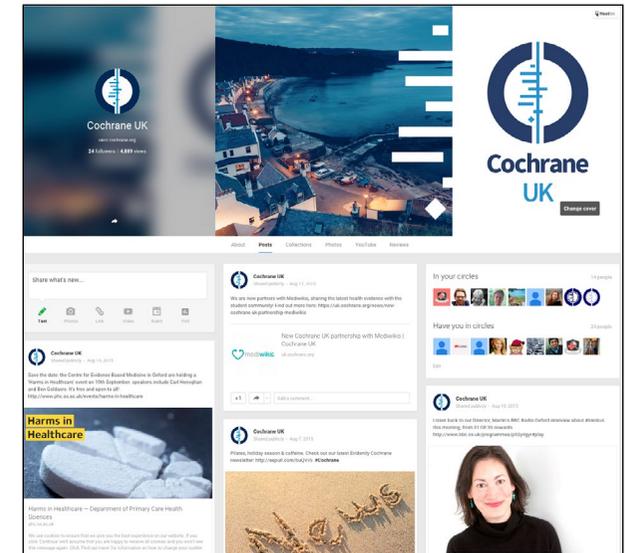
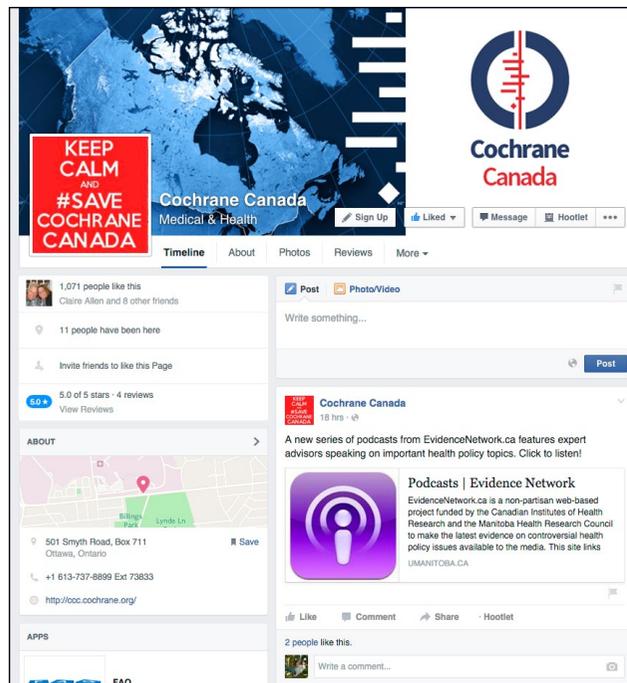
Above: Homepage

Social media



Above: Twitter

Social media banners



Left: Cochrane Mexico's Twitter page  
 Middle: Cochrane Canada's Facebook page  
 Right: Cochrane UK's Google+ page

If your group would like a set of social media banners, email [hmillward@cochrane.org](mailto:hmillward@cochrane.org) with a suggested banner image and a list of the banners needed.

**Infographics and blogshots**

Information graphics or infographics are graphic visual representations of information, data or knowledge intended to present information quickly and clearly.

They are an interesting and exciting way to represent graphic content to tell a story. You can also use pictures to the story.

Blogshots are a relatively new idea to Cochrane and another way of giving information in an image on social media platforms, especially Twittter. Like an infographic, (information graphic) blogshots are a summary of information created in graphic and pictorial form to make data easily understandable at a glance.

It is another extremely useful way to share Cochrane evidence.

Before you create your infographic or blogshot, be clear about:

- Who do I want to reach?
- What do I want to say?
- What's the best form for achieving this?

Left: Caffeine and health: evidence from Cochrane infographic  
 Middle: Caffeine + ibuprofen for acute pain relief blogshot  
 Right: Portion size infographic

**Evidently Cochrane**

Sharing health evidence you can trust



- Ibuprofen 200mg + caffeine 100mg gives good relief for acute pain. This can probably be achieved by taking a single 200mg ibuprofen tablet with a cup of modestly strong coffee or other caffeinated drink or caffeine tablets
- New Cochrane review. 5 randomised controlled trials, 1501 adults with moderate to severe postoperative pain
- Moderate quality evidence (GRADE)
- Find out more: <http://bit.ly/1LF62OK>

[evidentlycochrane.org](http://evidentlycochrane.org) | [@ukcochranecentre](https://twitter.com/ukcochranecentre) | [#cochraneevidence](https://hashtage.com/cochraneevidence) #blogshot



Trusted evidence. Informed decisions. Better health.



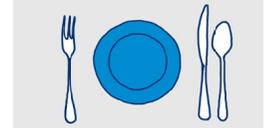
**NEW COCHRANE EVIDENCE SHOWS WE ALL CONSUME TOO MUCH...**



...food & non-alcoholic drink when offered bigger portions, bigger packaging or bigger tableware rather than smaller sizes, regardless of other factors such as gender, BMI or self-control.



This may seem obvious but until now we haven't had evidence to show it and there has been a tendency to portray personal factors as the main reason people overeat.



Offering smaller sizes has the potential to reduce the average daily energy intake by 12-16% in the UK (22-29% US) but large reductions in portion size would be needed to achieve this.

It's unclear whether reducing portions at the smaller end of the size range can be as effective as at the larger end.



Go to this link to read the full Cochrane Review: [bit.ly/1LjGpRW](http://bit.ly/1LjGpRW)



Download templates and 'How to' guides from [community.cochrane.org/brand](http://community.cochrane.org/brand)

MailChimp e-newsletter examples

[View this email in your browser](#)



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September 2015

**Features**



**Our Directors speaks to CBC**

In August, the Cochrane Canada Director and Québec Branch Scientific Director both had the opportunity to discuss our funding with CBC Radio.

[Read more](#)



**Cochrane Resources**

Every month we will highlight a Cochrane resource to help you get the most out of your Cochrane experience. From podcasts to special collections, we've got you covered.

[Read more](#)

**News**

Registration is now open for the next Standard Author Training workshop



Cochrane Profiles - A day in the life of a Trials Search Coordinator



Editorial: Central funding for Cochrane Canada must continue



Press Release: 'Podcasts for Parents' wins approval for global crowd-funding





[View this email in your browser](#)



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Issue 07 | July 2015

Welcome to our July newsletter!

I have pulled together the latest news from around Cochrane for the UK and Ireland!

**Evidently Cochrane survey**

This month we have launched a survey to find out more about who reads our Evidently Cochrane blog. The survey takes less than 5 minutes to fill in. We want to see if the audience we target with the blogs, actually matches the readership. We also want to find out if there are any other areas we could improve on. If you have some spare time this afternoon, [you can fill in our survey here](#).

**Cochrane UK & Ireland Symposium 2016: sponsorship opportunities**

We may have only hosted the 2015 symposium a couple of months ago but the team's busy organizing the next symposium! The 2016 symposium will be held in Birmingham on the 15th & 16th March. For 2015 Altmetic, BioMed Central and Falter Ireland joined NIHR and Wiley as event sponsors and we are keen to take the sponsorship opportunities forward to 2016. We have put together a [sponsorship opportunities brochure](#), to be shared with interested organizations and groups. Please feel free to share the brochure with your networks. If you would like further information about sponsorship opportunities, please contact me at [holly.millward@cochrane.nhs.uk](mailto:holly.millward@cochrane.nhs.uk).

Best wishes,

Holly Millward  
Communications and Engagement Officer, Cochrane UK

**Latest news**



**Blogshot archive**

Download and reuse the Evidently Cochrane blogshots saved in our archive.

[Click here](#)



**UK & Ireland Annual Report**

Catch up on what the team has been up to over the last year in our Annual and Digital Impact Reports for 2014/15.

[Click here](#)



**Bell's palsy: facing up to uncertainty**

Read the latest blog from Evidently Cochrane.

[Click here](#)

**Other news**



**Cochrane Colloquium Vienna**

Early bird registration for the next Colloquium closes on 22nd July!

[Click here](#) to find out more.

**Blogs**

[Catch up with the latest Cochrane Reviews with our Blog Evidently Cochrane: sharing health evidence you can trust.](#)

[Follow our partner Students 4 Best Evidence for the latest blogs, tutorials and reviews around evidence-based practice.](#)

Left: Cochrane Canada newsletter  
Right: Cochrane UK newsletter

We have growing collection of online and print templates available in each of the secondary colours. We have also provided a series of 'How to' guides to help.

### Templates that are available:

- Basic Word documents (landscape and portrait)
- Detailed Word reporting documents (landscape and portrait)
- PowerPoint slides
- InDesign business cards
- Word certificate
- Email signature
- Word letterhead
- Word press release
- MailChimp e-newsletter template
- A0 PowerPoint poster templates (landscape and portrait)



The Cochrane community extends beyond the boundaries of our own collaboration to include external partner organizations.

This frequently includes our work in collaboration with publishers, funders, and contributors, among many others.

The following pages provide a simple framework that acknowledges their contribution through the inclusion of partner logos.

**Top of the page**

When appropriate, include partner logos in the top right corner of applications as shown on this page.

Where more than one partner needs to be acknowledged, arrange their logos vertically or horizontally, depending on available space.



Trusted evidence.  
Informed decisions.  
Better health.

Trusted evidence.  
Informed decisions.  
Better health.

**Bottom of the page**

When appropriate, include partner logos in the bottom right corner of applications as shown on this page.

Where more than one partner needs to be acknowledged, arrange their logos vertically or horizontally, depending on available space.



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Better health.



WIKIPEDIA  
The Free Encyclopedia

Trusted evidence.  
Informed decisions.  
Better health.



NHMRC

Australian Government  
National Health and Medical Research Council

# Thank you

Thank you for reading these guidelines. Your participation will help us present a unified look and feel, that will work effectively in a digital world, and make it easier for external audiences to understand what Cochrane is all about.

If you require further information about Cochrane's brand or have any questions about these guidelines please contact the Communications and External Affairs Department (CEAD).

**Email: [cead@lists.cochrane.org](mailto:cead@lists.cochrane.org)**

1st October 2015

St Albans House  
57-59 Haymarket  
London SW1

