*PRESS Guideline* 2015: Search Submission & Peer Review Assessment

**Reference:**

McGowan J, Sampson M, Salzwedel DM, Cogo E, Foerster V, Lefebvre C. PRESS Peer Review of Electronic Search Strategies: 2015 Guideline Statement. J Clin Epidemiol. 2016 Mar 18. pii: S0895-4356(16)00058-5.

**Search submission: This section to be filled in by the searcher**

|  |  |  |  |
| --- | --- | --- | --- |
| **Searcher:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Date Submitted:** | Click here to enter a date. | **Date Requested By:**  (Maximum 5 business days) | Click here to enter a date. |

# Systematic Review Title

Click here to enter text.

# Search Strategy Status

The search strategy is:

Choose an item.

|  |  |
| --- | --- |
| Database\* e.g. MEDLINE, CINAHL, etc. | Interface\* e.g. Ovid, EBSCOhost, etc. |
| Click here to enter text. | Click here to enter text. |

# Research Question\*

Describe the purpose of the search.

Click here to enter text.

# PICO Format

Outline the PICOs for your question.

e.g. **P**atient, **I**ntervention, **C**omparison, **O**utcome, and **S**tudy Design as applicable

|  |  |
| --- | --- |
| **P** | Click here to enter text. |
| **I** | Click here to enter text. |
| **C** | Click here to enter text. |
| **O** | Click here to enter text. |
| **S** | Click here to enter text. |

# Inclusion Criteria

List criteria such as age groups, study designs, etc., to be included. *(Optional)*

Click here to enter text.

# Exclusion Criteria

List criteria such as study designs, date limits, etc., to be excluded. *(Optional)*

Click here to enter text.

# Search Filter

Was a search filter applied?

|  |  |
| --- | --- |
| Yes | No |

**If YES, which one(s) (e.g., Cochrane RCT filter, PubMed Clinical Queries filter)? Provide the source if this is a published filter.** *(Mandatory if YES to previous question)*

Click here to enter text.

# Notes or Comments

Provide any notes or comments you feel would be useful for the peer reviewer. *(Optional)*

Click here to enter text.

# Search Strategy\*

Please copy and paste your search strategy here, exactly as run, including the number of hits per line.

Click here to enter text.

**Peer Review Assessment: This section to be filled in by the reviewer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewer:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Date Completed:** | Click here to enter a date. | | |

# Acknowledgement

Do you wish to be acknowledged?

(If yes, the review team will be advised to add an acknowledgement to any publications related to this work).

|  |  |
| --- | --- |
| Yes | No |

**Please edit the following suggested acknowledgement to indicate your name, postnomials and institutional affiliaton as you would like them presented.**

We thank Click here to enter text., MLIS, AHIP (Click here to enter text. Health Sciences Library, University of Click here to enter text.) for peer review of the MEDLINE search strategy.

# Translation

|  |  |
| --- | --- |
|  | A -­‐No revisions |
|  | B -­‐ Revision(s) suggested |
|  | C -­‐ Revision(s) required |

If “B” or “C,” please provide an explanation or example:

Click here to enter text.

# Boolean and Proximity Indicators

|  |  |
| --- | --- |
|  | A -­‐No revisions |
|  | B -­‐ Revision(s) suggested |
|  | C -­‐ Revision(s) required |

If “B” or “C,” please provide an explanation or example:

Click here to enter text.

# Subject Headings

|  |  |
| --- | --- |
|  | A -­‐No revisions |
|  | B -­‐ Revision(s) suggested |
|  | C -­‐ Revision(s) required |

If “B” or “C,” please provide an explanation or example:

Click here to enter text.

# Text Word Searching

|  |  |
| --- | --- |
|  | A -­‐No revisions |
|  | B -­‐ Revision(s) suggested |
|  | C -­‐ Revision(s) required |

If “B” or “C,” please provide an explanation or example:

Click here to enter text.

# Spelling, Syntax, and Line Numbers

|  |  |
| --- | --- |
|  | A -­‐No revisions |
|  | B -­‐ Revision(s) suggested |
|  | C -­‐ Revision(s) required |

If “B” or “C,” please provide an explanation or example:

Click here to enter text.

# Limits and Filters

|  |  |
| --- | --- |
|  | A -­‐No revisions |
|  | B -­‐ Revision(s) suggested |
|  | C -­‐ Revision(s) required |

If “B” or “C,” please provide an explanation or example:

Click here to enter text.

# Overall Evaluation

If one or more “revision required” is noted above, the response below must be “revisions required”.

|  |  |
| --- | --- |
|  | A -­‐No revisions |
|  | B -­‐ Revision(s) suggested |
|  | C -­‐ Revision(s) required |

Additional comments:

Click here to enter text.