

# **Guide for Submission of Hand Search Results to the Cochrane Central Register of Controlled Trials (CENTRAL)**

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This document is intended to provide a set of thorough, yet concise, instructions for members of the Cochrane Collaboration who are hand searching healthcare journals to identify randomized controlled trials (RCTs) and controlled clinical trials (CCTs). Sections 3.1 through 3.7 below provide guidelines and instructions for searching and/or coordinating the search of healthcare journals. Sections 3.8 and 3.9 describe the procedures for submitting citations to the identified reports to the US Cochrane Center, (USCC). Please refer to the “Guide for Submission of Specialized Registers to the Cochrane Central Register of Controlled Trials (CENTRAL)” for instructions on submitting specialized registers to the USCC.

## 1. Where will the results of hand searching be published?

### 1.1 Citations included in MEDLINE...

Reports identified by hand search that are in journals indexed by MEDLINE will be published in the Cochrane Central Register of Controlled Trials (CENTRAL), and will be contributed to MEDLINE for retagging. For inclusion in CENTRAL and for MEDLINE retagging eligibility, citations *must* be downloaded from MEDLINE and the reference management database submitted *must* include all required fields (see Section 3.8.1). In addition, the Trials Search Coordinator (TSC) must certify that an appropriate quality check has been performed and all the citations submitted conform to the Cochrane trial eligibility criteria (see Section 3.6.2 and Appendix 5, Submission Form for Hand Search Results).

### 1.2 Citations not included in MEDLINE...

Reports identified by hand search that are in journals *not* indexed by MEDLINE will be published in CENTRAL. To be eligible, citations must be submitted in an appropriate electronic format (see Section 3.8.2), and the TSC must certify conformance with eligibility criteria, as with citations included in MEDLINE.

## 2. Deadlines

Hand search results may be submitted at any time. Hand search results must be received by the USCC by the following deadlines if they are to be included in the next issue of CENTRAL:

<u>Deadline</u>	<u>Issue</u>
23 December 2004	Issue 2, 2005
25 March 2005	Issue 3, 2005
24 June 2005	Issue 4, 2005
2 September 2005	Issue 1, 2006

An entity should combine all citations identified (see 3.8.4) and submit no more than one package of hand search results for each quarterly submission period. Ideally, all submissions should contain at

least 100 citations, although smaller submissions are accepted. All submissions received for CENTRAL will also be processed for MEDLINE retagging, where MEDLINE indexed.

### **3. Procedures for searching journals and forwarding identified citations to the USCC**

#### **3.1 Who searches?**

Each of the Cochrane Centers has the responsibility for searching the general healthcare literature of its country or region, and most have now designated one or more staff members to coordinate this effort. The Collaborative Review Groups (CRGs) or Fields/Networks are responsible for coordinating searching of the specialist literature in their areas of interest.

It is the responsibility of the Centers, CRGs, and Fields/Networks to ensure that **all RCTs and CCTs within these journals** are identified as completely as possible and registered in, as appropriate, **CENTRAL** and the CRG's register of trials ('specialized register').

Others who have agreed to search journals for trials include journal editors and others who have volunteered to search specific journals, independent of any Cochrane Group; these efforts should be coordinated by a Cochrane Center or by another entity.

#### **3.2 Identify a Trials Search Coordinator (TSC)**

Designating a TSC should be among the first actions taken by an entity planning to search the literature for controlled trials. Coordination of searching activities is essential to avoid unnecessary duplication of effort, to maximize the completeness with which trials are identified, and to minimize the resources used to do this. The task of the TSC is to organize hand searchers to search journals designated as critical to that entity's effort and ensure appropriate training; assign journals and years; register the fact that the journal is being searched on the Master List of Journals Being Searched; receive annotated photocopies of trial reports from hand searchers and complete quality control activities; prepare an electronic reference management database of the citations; and forward this database to the USCC. Every individual who hand searches a journal on behalf of the Cochrane Collaboration should rely on and receive training, guidance and support from a TSC. Some Groups do not have the resources to appoint an individual whose sole responsibility is to serve as TSC; in these cases, the Group's Review Group Coordinator (RGC) should take on the tasks of search coordination.

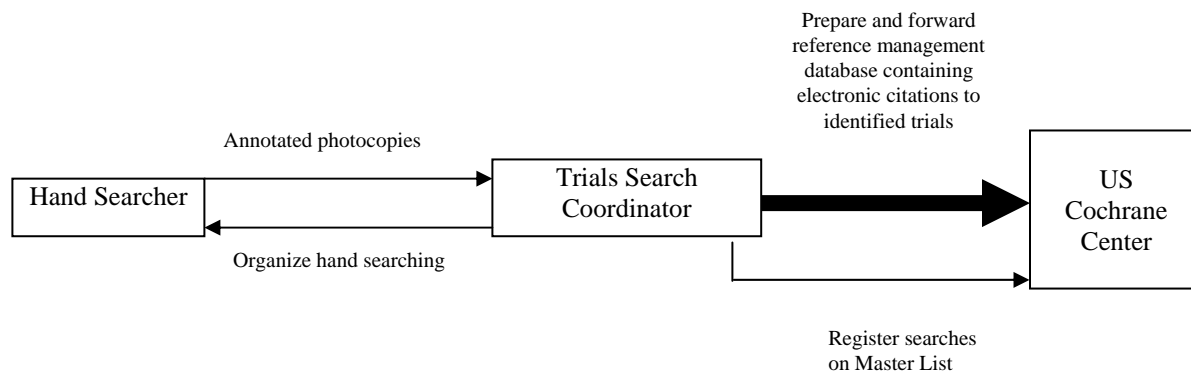


Figure 1. Schematic diagram of coordination effort by TSC

### 3.3 Determine which journals to search

As part of the process for becoming a registered entity, CRGs, and Fields/Networks should prepare and prioritize a list of all journals they wish to search. Directories of journals exist both as electronic databases and in book form. For example, the list of *Serials Indexed for Online Users* contains a list of all journals included in MEDLINE. The document can be located at the website: <http://www.nlm.nih.gov/tsd/serials/lsiou.html>. Many entities search CENTRAL, MEDLINE and EMBASE in their topic area to identify those journals where most CCTs and RCTs seem to be published, and then focus their initial hand searching efforts on these journals.

#### 3.3.1 The Master List of Journals Being Searched

The Master List of Journals Being Searched, maintained by the USCC, is updated almost daily, and enables the search progress to be recorded and monitored for each journal title. The Master List also serves to prevent the duplication of effort that might otherwise arise from journals in overlapping specialties being searched by more than one group or individual. Those planning or coordinating journal searches for Centres, CRGs, and Fields/Networks, should consult the Master List to ensure that no one else is searching their journal(s) of interest.

The Master List may be accessed at the USCC website ([www.cochrane.us](http://www.cochrane.us)). The Master List is available through this website for searching interactively and the data can also be downloaded from the website as Excel spreadsheet files. Updated versions of the Master List Excel spreadsheet files are posted to the USCC website each month.

### 3.4 Register the search

Once a decision has been made to search a particular journal, whether for all years from 1948 (or first issue) to the present, from the current time forward only, or for some other specified interval of years, a Journal Hand Search Registration Form (Appendix 1), should be completed and forwarded to the USCC by the TSC before searching commences. The USCC will confirm that no other entity is searching that journal. A 'Stand Alone' Conference Proceedings Hand Search Registration Form (Appendix 2) should be completed to register a hand search of conference proceedings.

### 3.5 Train and test searchers

Even if searchers have had prior experience with identifying published reports of RCTs, all who plan to hand search literature on behalf of the Cochrane Collaboration should complete a hand search

training course tailored to the requirements and needs of the Collaboration. The purpose of training is to ensure that all searchers apply standard eligibility criteria and classify reports in the same manner.

Sometimes hand searching training courses are available in a region or at the Cochrane Colloquia. Even when courses are available, it is strongly recommended that TSCs prepare an appropriate training program and a self-test for hand searchers and that they administer the test to potential searchers before they embark on their task and at regular intervals thereafter. To prepare the test, search coordinators should develop a 'gold standard' search of one or several publication years of a typical journal relevant to their subject area. TSCs will then be able to compare the results of each searcher's search with the 'gold standard'.

### **3.6 Search the journals**

#### **3.6.1 Understand and comply with the agreed scope of the search**

The Cochrane Collaboration has agreed that full-text hand searching of journals and other literature involves page-by-page examination of the *entire text* of each individual publication, regardless of the report type (e.g., articles, abstracts, letters, editorials, news items).

#### **3.6.2 Identify controlled trials meeting the Cochrane definition**

Records identified for inclusion should meet the eligibility criteria devised and agreed in November 1992, which were published, in 1994, in Section 5 of the Cochrane Handbook. These criteria are now included as Appendix 5a.1 of the Cochrane Reviewer's Handbook. According to these eligibility criteria:

A trial is eligible if, on the basis of the best available information (usually from one or more published reports), it is judged that:

- the individuals (or other units) followed in the trial were definitely or possibly assigned prospectively to one of two (or more) alternative forms of health care using
  - random allocation or
  - some quasi-random method of allocation (such as alternation, date of birth, or case record number)

Trials eligible for inclusion are classified according to the reader's degree of certainty that random allocation was used to form the comparison groups in the trial. If the author(s) state explicitly (usually by some variant of the term 'random' to describe the allocation procedure used) that the groups compared in the trial were established by random allocation, then the trial is classified as an 'RCT' (randomized controlled trial). If the author(s) do not state explicitly that the trial was randomized, but randomization cannot be ruled out, the report is classified as a 'CCT' (controlled clinical trial). The classification 'CCT' is also applied to quasi-randomized studies, where the method of allocation is known but is not considered strictly random, and possibly quasi-randomized trials. Examples of quasi-random methods of assignment include alternation, date of birth, and medical record number.

The classification as RCT or CCT is based solely on what the author has written, not on the reader's interpretation; thus, it is not meant to reflect an assessment of the true nature or quality of the

allocation procedure. For example, although double-blind trials are nearly always randomized, many trial reports fail to mention random allocation explicitly and should therefore be classified as ‘CCT’.

Relevant reports are reports published in any year, of studies comparing at least two forms of health care (healthcare treatment, healthcare education, diagnostic tests or techniques, a preventive intervention, etc.) where the study is on either living humans or parts of their body or human parts that will be replaced in living humans (e.g., donor kidneys). Studies on cadavers, extracted teeth, cell lines, etc. are not relevant. *Searchers should identify all controlled trials meeting these criteria regardless of relevance to the entity with which they are affiliated.*

The highest possible proportion of all reports of controlled trials of health care should be included in CENTRAL. Thus, those searching the literature to identify trials should give reports the benefit of any doubts. Reviewers will decide whether to include a particular report in a review.

### **3.7 Prepare citations for the TSC: Make photocopies of eligible reports and annotate**

Photocopies of either the full reports or only the title and evidence pages of RCTs and CCTs should be forwarded by searchers to the relevant TSC, irrespective of the relevance of the subject matter to the individual or group performing the search. Each hand searcher should annotate the photocopy of the title page of the report, on the front, with the full bibliographic reference information (if not already printed on the page) and the report classification (i.e., RCT or CCT). The text which led the hand searcher to classify the report as an RCT or CCT should be underlined in pencil.

The TSC should check all photocopies for completeness and for proper annotation and classification. The TSC is responsible for confirming that the trial reports received from the hand searchers are reports of randomized controlled trials and controlled clinical trials as defined by the Cochrane Collaboration (see Section 3.6). After the TSC has verified that the search results are complete and accurate, and a sufficiently large number of results from journal hand searches (typically at least 100 citations to RCTs/CCTs) have accumulated, they should be prepared for forwarding to the [USCC](#) as hand search results, as described below.

### **3.8 Prepare citations for the USCC**

All citations identified by individuals and Cochrane entities that do not maintain specialized registers should be submitted to the USCC as hand search results. Citations that are added to a Cochrane entity’s specialized register may *also* be submitted separately as hand search results. The advantage of separately submitting records added to, or included within, specialized registers as hand search results is that citations submitted as hand search results will not only be processed for CENTRAL, but will also be processed for the US National Library of Medicine’s MEDLINE.

#### **3.8.1 If the citations are from a journal indexed in MEDLINE...**

The CENTRAL/CCTR Advisory Group (CCAG) has endorsed the Cochrane Collaboration’s efforts to contribute to MEDLINE retagging because of its importance to the development and quality of CENTRAL. The USCC ensures quality control check of MEDLINE-included citations submitted in hand search results and submits retagging requests to NLM which ensures MEDLINE indexing of submitted citations with the appropriate Publication Type code of RANDOMIZED CONTROLLED TRIAL or CONTROLLED CLINICAL TRIAL. These citations can later be directly imported from MEDLINE into CENTRAL as complete, indexed records. These professionally indexed and

prepared, quality control checked, records will be more easily retrieved by reviewers, coordinators, and others who search CENTRAL.

If the citations are from a journal indexed in MEDLINE, the citations should be downloaded directly from MEDLINE in the manner described below. To determine whether a particular journal is available on MEDLINE, either directly search for the journal on MEDLINE, or use the NLM's Locator Plus, the PubMed Journal Browser, or List of Serials Indexed for Online Users (all available at: [www.nlm.nih.gov](http://www.nlm.nih.gov)). [Please note that some citations to reports from MEDLINE indexed journals, particularly individual meeting abstracts, are not included on MEDLINE.]

MEDLINE can be accessed through a number of different service providers, including the PubMed version of MEDLINE, which is free over the Internet. The instructions for searching MEDLINE and downloading citations depend on the platform (e.g., Silver Platter, OVID) used. The following websites have detailed instructions:

- Silver Platter: [www.SilverPlatter.com](http://www.SilverPlatter.com)
- PubMed: <http://www.ncbi.nlm.nih.gov/PubMed/>
- Ovid: <http://www.ovid.com>

For assistance with searching MEDLINE and/or downloading relevant citations, consult your local librarian, your local Cochrane Center, or the USCC (see also Section 3.8.1.1). The USCC maintains a list of mentors who are willing to assist TSCs with downloading MEDLINE citations and preparing submissions in the appropriate format. USCC staff can provide you with the contact details for a mentor within your region, upon request.

### 3.8.1.1 Download MEDLINE citations

If the relevant record is included on MEDLINE, downloading the citation from MEDLINE is required. With most software for accessing MEDLINE, there is a 'download all fields' option. Selecting this option is the easiest method of ensuring that all of the fields required by USCC will be included in your citations. If you choose instead to select individual fields for inclusion in the downloaded file, the following fields and information must be included among those you select:

- **MEDLINE Unique Identifier** This is the eight-digit number that uniquely identifies the record to the MEDLINE database management software. [For some MEDLINE software providers, the number '19' precedes the unique identifier.] Depending upon the search/download software and MEDLINE access method used, this could also be called the '**Accession Number**' (AN) or the '**Call Number**.'
- **PubMed Unique Identifier** This is the unique number for all records in PubMed, and users should make the transition to using the PMID for identifying citations, for example, in bibliographies, links to PubMed, and for DOCLINE or Loansome Doc needs. The PMID should be used for all citations, those indexed during the upcoming 2002 production year (and beyond) as well as retrospective citations.
- **Publication Year** This may be captured as a separate field or in combination with the journal name and citation information in a field called '**Source**'.
- **Journal Name** (at the time the report was published)

- **Citation Information** This should contain the volume number, issue number, and both initial and concluding page numbers.
- **Name(s) of Author(s)** Some RCT reports (e.g., those with ‘corporate authorship’) are indexed as ‘anonymous.’
- **Title of Article** Some letters and editorials do not have titles.
- **Abstract** The text of the abstract is often truncated to 250 words.
- **MeSH (Medical Subject Heading) Terms** These terms are used to index MEDLINE reports on subject matter and study methodology.
- **Publication Type** This is a specific type of indexing term. Some MEDLINE formats store this information in a field called ‘Notes.’
- **Language** This is relevant for non-English language records only.
- **Original Title** This is relevant for non-English language records only.

Most versions of search/download software used to access MEDLINE offer a choice of two or more record formats when downloading. Choose the ‘MEDLARS’ (sometimes called ‘Reprint’) option, which is the format designed for transfer of the records into ProCite or other reference management software. Each line of the downloaded text record will then be preceded by a two-letter field label, which is needed to facilitate transfer of the text record into a ProCite database. Using ProCite version 5.0, MEDLINE records can be downloaded directly from PubMed.

### **3.8.1.2 Importing MEDLINE downloaded text records to a reference management database**

There are a number of different bibliographic software applications available for managing bibliographic references, and each has different strengths and weaknesses. Although ProCite is the Cochrane Collaboration’s preferred bibliographic software for managing the references being incorporated into CENTRAL, Reference Manager and Endnote are acceptable alternatives. MeerKat is an Access-based software developed by the United Kingdom Cochrane Centre (UKCC) and Update Software that allows organization of specialized registers on studies instead of the references or reports generated from these studies. ProCite is the bibliographic software that provides the greatest flexibility for importing references from an external source. The USCC requests that, if at all possible, those working with the Collaboration use ProCite to transfer data to the USCC for inclusion in CENTRAL.

Transfer of citations downloaded from MEDLINE in MEDLARS format into a ProCite database is easily accomplished using the ‘Biblio-Links’ software designed for this purpose (Endnote and Reference Manager each have similar software for importing MEDLINE downloaded text files). The appropriate ProCite configuration file to use in importing the MEDLINE downloaded text files into a reference management database will depend on the software used to access MEDLINE (e.g., Silver Platter, OVID). When importing a MEDLINE downloaded text file into ProCite, please be sure that

the configuration file is set to separate the MEDLINE source field into its separate components (i.e., journal name, publication date, volume, issue and pages).

ProCite users should import MEDLINE downloaded text files into a ProCite database that uses the Journal Long Form workform; the ProCite configuration file may already be set to import MEDLINE downloaded records to this Journal Long Form workform by default. The fields of the MEDLINE records should be mapped to ProCite fields according to Table 1. Please be aware that the Publication Type field is often set to 'Do Not Transfer' as a default in ProCite. If this is the case, modify the configuration file to transfer the Publication Type field to ProCite Journal Long Form Field 42.

Each citation should be tagged with the study design classification that the TSC has assigned, placed in the correct field (field 39 of the ProCite Journal Long Form workform). (The study design field is distinct from the MEDLINE Publication Type field and *both* fields are required for each MEDLINE downloaded record.) The two possible study design classifications are RCT and CCT. Although some groups have chosen to widen the scope of their search to include review articles, meta-analyses or other sources of references to RCTs and CCTs, **only citations to RCTs and CCTs should be sent to the USCC.**

After you have imported your MEDLINE downloaded text files into a ProCite database, please check that all of the required fields listed in Table 1 have transferred correctly to your ProCite database. If they have not, try again. If you are still unsuccessful, contact ProCite technical support or the USCC for assistance.

**Table 1. Required field contents for submitted MEDLINE downloaded citations, and corresponding Journal Long Form ProCite fields.**

Required Field Contents	ProCite Journal Long Form: Field Number (and Name)
Author Name	1 (Author, Analytic)
Title of Article	4 (Article Title)
Original Title (non-English title)**	5 (Medium Designator)
PubMed Unique Identifier (PMID)	6 (Connective Phrase)
Language**	8 (Author Role)
Journal Name	10 (Journal Title)
Publication Year	20 (Date of Publication)
Volume	22 (Volume ID)
Issue	24 (Issue ID)
Pages	25 (Page(s))
Study Design*	39 (Codon)
Publication Type	42 (Notes)
Abstract	43 (Abstract)
MEDLINE Unique Identifier (UI)	44 (Call Number)
MeSH Terms	45 (Keywords)

\*This field is not included in MEDLINE and must be added to the ProCite database by the TSC. It is a distinct field from the MEDLINE Publication Type field. The MEDLINE Publication Type is the code added by NLM indexing staff to describe the type of study. The Study Design field is the code

added by the TSC. Both fields *must* always be included for each citation in the reference management database submitted.

\*\*These fields are relevant for non-English language citations only.

Whichever bibliographic software is used, the actual reference management database must be forwarded to the USCC. The USCC cannot accept text files that have been exported from the bibliographic software. If you are not able to submit your citations using ProCite, Reference Manager or EndNote, please contact the USCC *in advance of submission* so that an alternative method of submission can be arranged.

Records for which the MEDLINE Publication Type (i.e., randomized-controlled-trial or controlled-clinical-trial) is in agreement with the hand searcher's code (i.e., RCT or CCT) should not be forwarded to the USCC. These records have already been appropriately tagged on MEDLINE, and are already included in CENTRAL.

### **3.8.2 If the citations are not indexed in MEDLINE...**

If a journal is not currently indexed in MEDLINE (or was not at the time a particular issue was published), there will be no MEDLINE records for reports of RCTs and CCTs found in that journal. In addition, some reports that were published in MEDLINE-indexed journals do not have corresponding MEDLINE records. There are several reasons why this can occur. It may be that the report in question was published during a year (e.g., prior to 1966) when the journal was not indexed. It may be that the report is of a type not indexed by NLM (e.g., abstracts from conference proceedings). Rarely, a report or issue may have been omitted by mistake. Regardless of the reason, whenever there is no MEDLINE citation record for an identified RCT or CCT report, a bibliographic record for the report will have to be created manually by hand entering the citation information into ProCite, or other reference management software such as Reference Manager or Endnote. PREMEDLINE records may be downloaded and submitted to the USCC if the full MEDLINE records have not yet been created; please include all fields available.

#### **3.8.2.1 Reference management database creation for journal article citations not included in MEDLINE**

The individual data fields for journal article citations should be hand entered according to the specifications provided in Appendix 3, 'Data entry specifications for journal citation data not already present in MEDLINE (1966 to present)'. ProCite users should refer to Table 2 for guidance on optimal ProCite fields to use for citation data entry. Only include those fields listed in Table 2; do not include any extraneous fields in your database. In general, records should not be downloaded from databases other than MEDLINE unless permission has been obtained from copyright owners to do so. Some Cochrane Groups have been negotiating with publishers of other electronic bibliographic databases for permission to download records. If a Group obtains the necessary permissions, please inform the USCC staff so that we can circulate this information.

**Table 2. Field contents for submitted non-MEDLINE citations, and recommended ProCite fields for citation data entry. \***

<b>Field Contents</b>	<b>ProCite Journal Long Form: Field Number (and Name)</b>
Author	1 (Author, Analytic)

English Title	4 (Article Title)
Original Title (non-English title)*	5 (Medium Designator)
Language *	8 (Author Role)
Journal	10 (Journal Title)
Year	20 (Date of Publication)
Volume (where available)	22 (Volume ID)
Issue (where available)	24 (Issue ID)
Pages	25 (Page(s))
Other ID Numbers**	38 (Location/URL)
Study design	39 (Codon)
Abstract†	43 (Abstract)
Keywords†	45 (Keywords)

\*These fields are relevant for non-English language articles only.

\*\*Records may be downloaded from databases other than MEDLINE only with permission of copyright owners. When permission has been obtained, the record ID numbers supplied by the reference management database publisher may be included in this field. Please precede the record ID number with the name of the bibliographic database (e.g., EMBASE). If the same record has been identified in multiple databases, please separate the relevant record ID numbers with semi-colons (e.g., EMBASE 98452528; ASCO 98523898). MEDLINE Unique Identifiers should not be included in this field (see Section 3.8.1 for guidance on MEDLINE included records). CENTRAL numbers should not be included in your hand search submission, in this or any other field.

†Mandatory if available for download and permission has been granted by the copyright owners. Should not be typed in without permission.

### **3.8.2.2 Reference management database creation for non-journal article citations (non-MEDLINE)**

All non-journal article citations such as conference proceedings not published in journals, books, book chapters, letters, etc must be combined in a single electronic reference management database that contains all the non-journal article citations. Please use the examples in Appendix 4 as a guide for hand entering the various types of non-journal article citations. In Appendix 4, each of the different reference types is followed by a list of suggested fields to include, and the suggested contents for each included field. On the Submission Form (Appendix 5, Section E) describe the contents of the submitted database that contains only these non-journal article citations.

Each citation should be tagged with the study design classification that the TSC has assigned. The two possible study design classifications are RCT and CCT. Although some groups have chosen to widen the scope of their search to include review articles, meta-analyses or other sources of references to RCTs and CCTs, *only* citations to RCTs and CCTs should be sent to the USCC.

### **3.8.3 TSC certification that submitted trials conform to Cochrane eligibility criteria**

On item B.2.c of the *Submission Form for Hand Search Results*, TSCs are asked to certify that an appropriate quality check has been performed and that citations submitted for CENTRAL conform to the Cochrane trial eligibility criteria, described in Section 3.6.2 above. (All hand search results are expected to conform to Cochrane trial eligibility criteria.) TSCs should maintain paper copies of reports of submitted citations in the event that USCC staff needs to request these in the future for quality control checks.

### 3.8.4 Preparation of electronic files

MEDLINE downloaded records, hand entered journal article citations, and hand entered non-journal article citations should each be entered in a *separate* reference management database. Separation of the different types of citations streamlines and facilitates processing of the citations for CENTRAL and its external products. No more than three files should be submitted to the USCC per submission package: one file should contain all the MEDLINE downloaded records identified from all journals searched; one file should contain all the hand entered records identified from all *journals* searched; one file should contain all the hand entered records identified from all non-journal sources (e.g., conference proceedings) searched. Before submission, please double-check that all field contents have been entered/downloaded into the appropriate fields, as described in Tables 1 and 2.

### 3.8.5 Information for Endnote and Reference Manager users only

Reference Manager and Endnote users should submit their databases in a format that can easily be converted to the ProCite standardized format described in Tables 1 and 2. The reference types and fields in Endnote and Reference Manager databases are converted to ProCite workforms and fields based on specific conversion templates. The company ISIResearchSoft, the makers of ProCite, Reference Manager and Endnote, provides documents that describe the field mappings in the conversion from Reference Manager to ProCite and from Endnote to ProCite. To ensure that your Reference Manager and Endnote databases are converted to the appropriate format when opened in ProCite, the Endnote/Reference Manager fields and workforms used should be such that they are mapped to the ProCite journal long form workform and the fields described in Tables 1 and 2. The instructions for these conversions are located in the program directories of both Reference Manager and ProCite. The name of the conversion file in the Reference Manager directory is PCtoRM.txt. The names of the files in the ProCite directory are ENtoRM.txt and PCtoRM.txt.

## 3.9 Format of Submissions

A **Submission Form for Hand Search Results for CENTRAL** (see Appendix 5) should be sent *concurrently* with the submission of the electronic database of citations. E-mailed or faxed **Submission Forms** are preferable; however, other methods of transfer (i.e., post, FTP) are acceptable.

Whether you use ProCite, Reference Manager or Endnote, all hand search results must be submitted electronically. Please prepare your electronic files according to the following guidelines:

- If you use ProCite, please send the following pairs of files, either .pdx and .pdt, or .dat and .key files, depending on which ProCite version you are using;
- If you use version 8 or 9 of Reference Manager, please send your .rmd and .rmx files. If you use an earlier version of Reference Manager, please send your .rm database with all necessary .dat files included;
- If you use EndNote, please send the .enl file;
- The submitted file(s) should be named as follows: HSXXXML , HSXXXNML, or HSXXXNJA where XXX is any three letter abbreviation you have used to represent your Cochrane entity. All

MEDLINE included citations should be included in a file with the letters 'ML' in the file name; all non-MEDLINE included citations should be included in the file with the letters 'NML' in the file name; all non-journal article citations should be included in the file with the letters 'NJA' in the file name.

- The submitted file(s) must be in PC format (the NECC Providence Office is currently unable to process Macintosh files);
- If the electronic files submitted are large, they may be zipped or compressed (e.g., using a program such as WinZip or PkZip) for ease of transfer;
- Ideally, electronic files should be submitted as E-mail attachments to [Cochrane@Brown.edu](mailto:Cochrane@Brown.edu). However, all other methods of transfer are acceptable.

### **3.10 Copyright**

As stated elsewhere in this document, records should only be downloaded from bibliographic databases other than MEDLINE and forwarded to the USCC for inclusion in CENTRAL if you have obtained the appropriate permissions from the copyright owners. Otherwise, the citation should be entered by hand. The abstract and keywords should not be hand-entered, unless the appropriate permissions have been obtained, as these are likely to be subject to additional copyright restrictions. The fact that Update Software or others have permission to download records from certain databases, such as EMBASE, for inclusion in CENTRAL does not imply that Groups, Fields or others within or outside the Collaboration also have these rights.

*USCC staff is available to provide any assistance requested or to provide you with the contact details for a mentor within your region.*

Contact address:

Coordinator  
US Cochrane Center  
Brown University, Department of Community Health  
Box G-S2  
169 Angell Street  
Providence, RI 02912 USA

E-mail: [Cochrane@Brown.edu](mailto:Cochrane@Brown.edu)

Telephone: (401) 863-9950

Fax: (401) 863-9944

Website: [www.cochrane.org](http://www.cochrane.org) or [www.cochrane.us](http://www.cochrane.us)

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## CHECKLIST

**Before submitting your citations for CENTRAL, please be certain that your submission conforms to all requirements described in this Guide. The most important requirements are summarized below.**

- ❑ Combine all citations identified and submit no more than one package of 'hand search results', including a maximum of 3 files, to the USCC for any quarterly submission period.
  - ❑ Forward a completed Submission Form
  - ❑ Submit all citations in an electronic reference management database format
    - ProCite reference management database files are preferable
    - Endnote and Reference Manager reference management database files are acceptable
    - All electronic reference management database files must be in PC format
    - Electronic files should be sent via E-mail whenever possible
  - ❑ Prepare MEDLINE included records, non-MEDLINE journal article records, and non-journal article records (non-MEDLINE) in separate files
    - MEDLINE included records
      - Should be downloaded from MEDLINE
      - Should include all required fields as specified in Section 3.8.1 of the Hand Search Guide
      - Should be imported into ProCite such that the required MEDLINE fields are placed in the correct ProCite database fields, as described in Table 1 of the Hand Search Guide
    - Non-MEDLINE journal article records
      - Should include all required fields as specified in the Hand Search Guide
      - Should be hand entered such that the required fields are placed in the correct ProCite database fields, as described in table 2 of the Hand Search Guide
    - Non-journal article records (non-MEDLINE)
      - Should be prepared using the appropriate reference management software workform/reference types
      - Should be hand entered in a format that you specify on the Submission Form (Appendix 5, Section E)
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