

### Appendix 3. Submission Form for CENTRAL Specialized Registers

This Submission Form must accompany any specialized registers sent to the US Cochrane Center for inclusion in CENTRAL. Please refer to the Guide for Submission of Specialized Registers for the Cochrane Central Register of Controlled Trials (CENTRAL) for guidance in preparing your submissions. For additional assistance, contact: Coordinator, US Cochrane Center, Brown University, Box G-S2, Providence, RI 02912 USA. Tel: +1-401-836-9950; Fax: +1-401-863-9944; E-mail: Cochrane@Brown.edu.

#### Contact Information for Person Submitting Specialized Register

Name of person submitting material:

\_\_\_\_\_  
First MI Last

Cochrane Group affiliation (e.g., name of CRG or other entity):

\_\_\_\_\_

Address of person specified in item A.1:

\_\_\_\_\_  
Department and Institution

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State/Province Postal Code Country

Telephone, Fax number, and E-mail address of person specified in A.1:

\_\_\_\_\_  
Country code City/area code Telephone Number

\_\_\_\_\_  
Country code City/area code Fax Number

\_\_\_\_\_  
E-mail address

#### Submission information

1. Date form completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

2. Please provide the following information

a. Name of zip file (e.g., SR-PREG.ZIP) and its contents (e.g., either .pdt and .pdx files or .rmd and .rmx files or .rm database containing appropriate .dat files):



- C. Please use this form to describe the contents of each ProCite or Reference Manager or other database workform/reference type. Please copy this page and complete a separate list for each workform/reference type (e.g., journal article, book chapter) if the submitted file contains more than one workform/reference type. (Please indicate the total number of pages of your Submission Form on your E-mail or fax cover sheet.) Each record is required to include the fields in Section C.1; fields in C.2 are optional. Please identify the field number corresponding to the field. Certain fields apply only to certain record types (in parentheses). Write N/A (not applicable) in the field number space whenever the listed field contents type does not apply to the particular workform/reference type.

Name of workform: \_\_\_\_\_

Number of records in workform: \_\_\_\_\_

**C.1 Field contents (required, where available in your register):**

**Field #:**

- |   |       |
|---|-------|
| <input type="checkbox"/> Author   | _____ |
| <input type="checkbox"/> Title (of Report, Article, Conf. Proceedings and Book Chapter, but <u>not</u> Title of Book) | _____ |
| <input type="checkbox"/> Source   | _____ |
| <input type="checkbox"/> Date of Publication (or Year(s) of Unpublished Study)  | _____ |
| <input type="checkbox"/> Volume   | _____ |
| <input type="checkbox"/> Issue  | _____ |
| <input type="checkbox"/> Pages  | _____ |
| <input type="checkbox"/> Abstract   | _____ |
| <input type="checkbox"/> Conference Date (Conf. Proceedings only)   | _____ |
| <input type="checkbox"/> Conference Location (Conf. Proceedings only)   | _____ |

**C.2 Field contents (optional):**

**Field #:**

- |  |       |
|--|-------|
| <input type="checkbox"/> Keywords  | _____ |
| <input type="checkbox"/> Original Title                                  | _____ |
| <input type="checkbox"/> Study Design                                    | _____ |
| <input type="checkbox"/> Other ID#                                       | _____ |
| <input type="checkbox"/> MEDLINE Unique Identifier                       | _____ |
| <input type="checkbox"/> Editor (Book and Book Chapter)                  | _____ |
| <input type="checkbox"/> Edition (Book and Book Chapter)                 | _____ |
| <input type="checkbox"/> Publisher Name (Book and Book Chapter)          | _____ |
| <input type="checkbox"/> Location of Publication (Book and Book Chapter) | _____ |
| <input type="checkbox"/> Contact Address (Unpublished Study)             | _____ |
| <input type="checkbox"/> MEDLINE Publication Type                        | _____ |
| <input type="checkbox"/> MEDLINE PMID                                    | _____ |
| <input type="checkbox"/> Other: _____                                    | _____ |
| <input type="checkbox"/> Other: _____                                    | _____ |

Archived  
1 Jan 2006