

## Appendix 1

### Cochrane Collaboration Journal Hand Search Registration Form

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This form is *only* to be used to register searches of journals and journal supplements (including conference proceedings that are published in journals or journal supplements). This form should be completed and submitted by either a TSC or RGC. Plans to search “stand-alone” conference proceedings (including abstract books, and other summaries of oral and poster presentations) should be registered on the separate “Stand Alone Conference Proceedings Hand Search Registration Form” (available as Appendix 2 in the “Guide for Submission of Hand Search Results to the Cochrane Central Register of Controlled Trials (CENTRAL)”). Type or print clearly and include all information available to you. Do not leave any item blank. If information is not available, write in “NA.” A separate form should be completed for each journal being searched for reports of randomized controlled trials (RCTs) and controlled clinical trials (CCTs). Type or print clearly. Mail the completed form to: Coordinator, US Cochrane Center, Johns Hopkins University, Bloomberg School of Public Health, 615 N. Wolfe St. Box W5010, Baltimore, MD 21205 USA, or fax the completed form to (410) 502-4623. If you have any questions, do not hesitate to contact the US Cochrane Center at (410) 502-4640 or uscc@cochrane.us.

#### A. Journal information

1. Current name of journal:

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2. Years in which journal has been published:

Year first published: \_\_\_ \_\_\_ \_\_\_ \_\_\_ Year last published (if applicable): \_\_\_ \_\_\_ \_\_\_ \_\_\_

3. Has this journal been published under any other title?

( )<sub>1</sub> Yes

( )<sub>2</sub> No (skip to item 4)

( )<sub>3</sub> Don't know or unsure (skip to item 4)

If yes, and if known, please list title(s) and years published below:

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**Appendix 1. Journal Hand Search Registration Form (cont'd)**

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4. Is this journal indexed in MEDLINE?

- ( )<sub>1</sub> Yes
- ( )<sub>2</sub> No (skip to item 5)
- ( )<sub>3</sub> Don't know or unsure (skip to item 5)

If yes, please provide the MEDLINE abbreviation: \_\_\_\_\_

5. In which country(ies) is or was this journal published (as listed on masthead of journal)?

\_\_\_\_\_

**B. Search information**

1. Which year(s) of this journal do you agree to search? (Earliest date is 1948 or first issue of journal.)

Start date:   \_\_ \_\_ \_\_ \_\_

End date:    \_\_ \_\_ \_\_ \_\_

2. Do you plan to search future issues for this journal as long as it is published?

- ( )<sub>1</sub> Yes
- ( )<sub>2</sub> No

3. How do you plan to perform the search? (Check yes or no for each.)

Yes   No

( )<sub>1</sub> ( )<sub>2</sub> Online/Electronic version. If yes, which years? \_\_\_\_\_

( )<sub>1</sub> ( )<sub>2</sub> Paper copy. If yes, which years? \_\_\_\_\_

**C. Contact information**

1. Name of person coordinating the search or other contact person:

\_\_\_\_\_

First    MI    Last

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

\_\_\_\_\_

## Appendix 1. Journal Hand Search Registration Form (cont'd)

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3. E-mail address of person specified in C.1:
4. Full name of searcher of this journal:  
\_\_\_\_\_  
\_\_\_\_\_

*Persons completing this form who are **not** Cochrane Trials Search Coordinators or Review Group Coordinators must complete Questions C.5 and C.6 below.*

5. Address of person specified in item C.1:

\_\_\_\_\_  
Department

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Country

6. Telephone and fax number of person specified in C.1:

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

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

### **D. Administrative information**

1. Name of person completing this form:

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

2. Date form completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                      Day                      Year