

**ISUOG Clinical Standards Committee: guideline or consensus statement proposal Form**

The Clinical Standards Committee (CSC) welcomes proposals for the development of ISUOG Guidelines or Statements. This process is formalised to assure that reviews of proposals are fair, efficient, and well defined. Please complete and return this form to the Chair of the Clinical Standards Committee via the ISUOG Secretariat and the CSC liaison Wendy Holloway, ISUOG Director of Operations [committees@isuog.org](mailto:committees@isuog.org)

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| --- | --- | --- | --- | --- |
| Submission date: | | | | |
| Submission type:  If “other”, please specify: | | | | |
| Working title for document/project: | | | | |
| **Personal details of proposer:** | | | | |
| Title: | Last name: | | | First name(s): |
| **Contact details:** | | | | |
| Address: | | | | |
| City/Town: | | Daytime telephone: | | |
| Post Code: | | Evening telephone: | | |
| Email: | | Mobile telephone: | | |
| **Current main employment:** | | | | |
| Institution: | | | | |
| Address: | | | Position: | |
| Date started: | |
| City/Town: | | | Post Code: | |
| Are you an ISUOG member? | | | | |

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| **Background and rationale for request** | | |
| (Please include reference citations) | | |
| **Nature of proposed guideline or consensus statement** | | |
|  | | |
| **Have similar guidelines already been developed by others?** | | |
|  | | |
| **Are there other specialty organizations that could be potential collaborators?** | | |
|  | | |
| **Proposed project lead and task force members who form the writing group**  *(please explain in brief, expertise and relevance to the project for each member proposed)* | | |
| **No.** | **Project lead name** | **Expertise relating to the guideline or consensus statement** |
| 1 |  |  |
|  | **Task Force members** | **Expertise relating to the guideline or consensus statement** |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
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| 10 |  |  |
| **Please describe your approach to achieving the first draft e.g. use task force to write sections, project lead to write the first draft, etc.** | | |
|  | | |
| **Should the CSC be aware of specific logistical problems or potential conflicts of interest related to this proposal?** | | |
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| **Proposed timeline for completion of first submission to the CSC for approval** | | |
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| Signed by proposer: | Date: |