

Date of request:

Name: Email:

LITERATURE SEARCH REQUEST FORM

W.K. Kellogg Health Sciences Library, Reference Services Dalhousie University, PO Box 15000, Halifax, Nova Scotia B3H 4R2 Telephone: 902-717-5244

E-mail: Kellogg@dal.ca

For information about the literature search services at the W.K. Kellogg Health Sciences Library see our website

Search deadline:
Affiliation & Location:

Phone number:

Status: Dal Post-Graduate	□ Dal Faculty/Staff □ Commu	unity Health Profe	essional 🗆 Other (spe	ecify):			
Purpose of search*:							
☐ Clinical practice or question	☐ Guideline development	☐ Instruction or curriculum purposes		□ G	☐ Grant proposal		
□ Other (please specify):							
kellogg@dal.ca or your subject	or projects required for academi liaison to schedule a librarian co			ojects. F	Please co	ontact	
Please describe the topic using PICO, if applicable (PICO = Population, Intervention/Exposure, Comparison,			Databases to search (select with ✓):				
Outcome)		-			-		
Include keywords and terms you expect included in the search. List any known key or highly relevant citations below			□ Medline (PubMed)	☐ Web of ☐ PsycINFO			
			□ Cochrane	□ Emb		□ Scopus	
			□ CINAHL		er (spec		
			Level and limits of search (select with ✓):				
			☐ Few, very relevant		☐ English language		
			articles (1-25 citations)		only		
			□ Detailed search with		□ Publication date		
			possibility of peripheral material (25 – 200 citations)		range (specify):		
			□ Scoping or Systematic		□ Age group		
			Review - Comprehensive*		(specify):		
(Author/Title/Year and/or PMII		□ Review articles only		□ Human research			
			,		only		
			*Comprehensive - See details of Dalhousie				
			Libraries <u>Literature Search Service Guidelines</u>				
LITERATURE SEARCH CHARG	GES:						
Basic searches:	Dal affiliates: N/C		Internal Use Only				
	External: \$25.00/search						
Comprehensive searches:	Dal affiliates: \$50.00/hour		Search charge:		hrs x \$	/hr	
	External: \$75.00/hour						
Payment options (if applical	ble):		Total : \$	_			
	Grant account		Billing information:				
	Other		5				
Do you require an invoice f	or this service?: Y/N						