# Cover Sheet

Please ensure that all details on this page are completed.

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| Title |  | Name |  | | |
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| Suburb |  | State |  | Postcode |  |
| Phone |  | Fax |  | | |
| E-mail |  |  |  | | |
| Signature |  |  |  | | |

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| **Is this submission being made on behalf of an organisation? (Y/N)** | | | | |  | |
| Name of Organisation |  | | | | | |
| Postal Address of Organisation |  | | | | | |
|  | | | | | |
| Suburb |  | State |  | Postcode | |  |
| **Authorising Person** |  | Name |  | | | |
| Position |  | | | | | |
| Phone |  | Fax |  | | | |
| E-mail |  | |  | | | |
| Signature |  | |  | | | |

*\* Personal information on this form is collected to enable the NBA to clarify or seek further information on submissions, if required.*

*\*\* Submissions may be posted on the NBA website after the final module is published. The NBA may include your name, or the name of your organisation with your submission, and/or quotes from your submission in any reports prepared relating to this module, and/or the final published module and its later publications.*

# Submission Template – Individual Chapters

Please type directly into the tables that relate to your comments. Add extra rows as needed.

It is not necessary to respond to all the identified areas, only those areas for which you have views. If you choose not to respond to some areas, please just leave them blank.

*Note: The final version of this document will be professionally designed to make it consistent with the style of previous modules. Electronic versions of this module and the accompanying technical reports will have links to individual chapters which will be able to be accessed by clicking on the table of contents in the module.*

1. **INTRODUCTION**

|  |  |  |  |
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| **Section Number** | **Page Number** | **Comments** | **Attached documentation Y/N** |
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1. **METHODS**

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1. **CLINICAL GUIDANCE**

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**4. BACKGROUND QUESTIONS**

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| **Section Number** | **Page Number** | **Comments** | **Attached documentation Y/N** |
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**5. FUTURE DIRECTIONS**

*Please indicate areas that have not been identified that require further research to enable improvements in patient outcomes.*

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| **Section Number** | **Page Number** | **Comments** | **Attached documentation Y/N** |
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**6. IMPLEMENTING, EVALUATING AND MAINTAINING THE GUIDELINES**

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*Suggestions for implementation, evaluation and maintenance of the guidelines:*

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**APPENDIXES[[1]](#footnote-1)**

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| **Appendix Number** | **Page Number** | **Comments** | **Attached documentation Y/N** |
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# Submission Template – Accompanying Materials

**OTHER MATERIALS FOR DOCTORS AND HEALTH CONSUMERS**

*Suggestions for the delivery and format of materials for doctors and health consumers.*

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# Submission Template – Technical Reports

**VOLUME 1 - REVIEW OF THE EVIDENCE**

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**VOLUME 2 - APPENDIXES**

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1. The terms ‘appendixes’ and ‘appendices’ are both considered correct. The suite of *Patient Blood Management Guidelines* uses the term ‘appendixes’. [↑](#footnote-ref-1)