# Cover Sheet

Please ensure that all details on this page are completed.

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| Title |  | Name |  | | |
| Postal Address |  | | | | |
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| 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 |  | | | | | |
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| 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 Sections

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.

1. **SUMMARY OF RECOMMENDATIONS AND GOOD PRACTICE STATEMENTS**

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| **Section Number** | **Page Number** | **Comments** | **Attached documentation Y/N** |
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1. **MAJOR HAEMORRHAGE PROTOCOL – Please refer to the major haemorrhage protocol (PDF) under Accompanying materials.**

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1. **INTRODUCTION**

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1. **DEFINITIONS**

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1. **METHODOLOGY**

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1. **CLINICAL GUIDANCE**

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1. **COST CONSIDERATIONS**

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1. **SUPPLY CONSIDERATIONS**

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1. **ADVERSE REACTIONS**

*Please indicate if the Calman chart is relevant in your setting or if there is an alternative option*

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1. **PATIENT CONSENT**

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1. **CHALLENGES**

*Please indicate if there is adequate consideration regarding the impact of the guidance on geographical challenges and limitations (information can be located in the Evidence-to-Decision section under each recommendation)*

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1. **EVIDENCE GAPS AND POTENTIAL RESEARCH PRIORITIES**

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

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1. **IMPLEMENTING, EVALUATING AND MAINTAINING THE GUIDELINE**

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

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1. **ABBREVIATIOSN AND ACRONYMS**

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1. **GOVERNANCE AND PROCESS**

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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 – FINDINGS OF THE REVIEW**

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**VOLUME 2 – APPENDIX A-D**

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**VOLUME 3 – APPENDIX E**

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