



SUBMISSION FORM FOR SOCIETAL POSITION PAPER

General Information			
Title of Position Paper:			
Prepared by: - Committee - Special Interest Group - Working Group			
Society:	<input type="checkbox"/> ESPGHAN	<input type="checkbox"/> NASPGHAN	<input type="checkbox"/> Joint ESPGHAN/NASPGHAN
Lead (first) Author(s): ESPGHAN NASPGHAN (for individual society papers, only one society needs to be filled out)	Name	Institution/ E-Mail Address	DOI/COI Form submitted
	ESPGHAN:		<input type="checkbox"/>
	NASPGHAN:		<input type="checkbox"/>
Last Author(s): ESPGHAN NASPGHAN (for individual society papers, only one society needs to be filled out)	Name	Institution/ E-mail Address	DOI/COI Form submitted
	ESPGHAN:		<input type="checkbox"/>
	NASPGHAN:		<input type="checkbox"/>
Authors:	Name	Institution/ E-Mail Address	DOI/COI Form submitted
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Motivation/synopsis of paper (Background why is this paper needed?) Please attach additional information as needed.			
Preliminary work: (if applicable)			
Research Questions			



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Proposed Methodology				
Databases searched:				
Methods for obtaining consensus:				
General Information				
Proposed time plan: Please plan time for societies to evaluate the proposal	Date submission of proposal:			
	Approval by Committee Chair:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	Approval by CCQ Chair:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	Estimated time of completion of the paper:			
	Estimated date submission of paper:			

Budget			
(Please include a detailed breakdown of all expected costs in EUR and USD.)	Description:	Amount:	
		EUR/USD	
		EUR/USD	
		EUR/USD	
		EUR/USD	
	Total Budget requested for Guideline:	EUR/USD	
Proposed time plan: Please plan time for the societies to evaluate the proposal	Date submission of proposal:		
	Approval by Committee Chair	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
	Approval by Committee CCQ Chair:	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not Applicable <input type="checkbox"/>
	Estimated time of completion of the guideline:		
	Estimated date submission of guideline:		