



APPLICATION TO CONSIDER A CHANGE TO A SIGN GUIDELINE

1. Contact person(s) proposing change to the guideline
2. Title and number of SIGN guideline
3. Please define the nature of the change being requested? For example due to new evidence or mandatory advice, such as a NICE MTA or new government policy.
4. Please highlight which sections, recommendations and/or key question that would change under this request
5. Will the requested change give rise to a new key question? If so please include.
6. Please give a brief indication of the size and strength of the evidence base on which the potential change to the guideline would be based including existing guidelines or systematic reviews in this area.
7. Provide any further information which you would like to be considered (<i>e.g. links with audit programmes, educational initiatives, economic considerations, benefits of implementation, priorities for patients and carers</i>)

Signature _____

Date: _____

Thank you for completing this form

Please return to:
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Data Protection

Your details will be stored on a database for the purposes of managing this guideline topic proposal. We may retain your details so that we can contact you about future Healthcare Improvement Scotland activities. We will not pass these details on to any third parties. Please indicate if you do not want your details to be stored after the proposal is published.