# ASBrS Document Request Intake Form

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## Name of Requesting Organization:

Contact Name:

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## Name/Proposed Name of Document:

Document Name:

## Document Type:

Resource Guide (RG)

Clinical Practice Guideline (CPG)

Clinical Consensus Statement (CCS)

Clinical Pathway

Emerging Issue Statement (EIS)

Position/Policy Statement (PPS)

Quality Measure (QM)

Other- Please describe:

## Level of Participation Requested:

Co-sponsor (i.e. named in document title)

Endorsement:

Other- Please describe:

## Description of methodology and gap in current literature to be addressed:

## Are there currently identified lead author(s)?

No

Yes- Please list

## Are there currently any additional authors identified?

No

Yes- Please list

## Will ASBrS have the ability to appoint a lead author(s)?

No

Yes- Please list

## Will ASBrS have the ability to appoint any additional authors?

No

Yes- Please list

## Will there be an open public comment period for this document?

No

Yes- Please list

## Document Status:

Not started

In progress

Final draft

**For endorsement only:**

At what point(s) will ASBrS review the document? Check all that apply:

No review

Outline/Abstract

Draft(s)

Final Draft

NA

## Will ASBrS revisions be received, reviewed and/or accepted?

No

Yes

Other- Please describe:

## Will this document be submitted to a journal for publication?

No

Yes- Please list Journal(s)

Other- Please describe:

## Will ASBrS have the ability to post or link this document to breastSurgeons.org?

No

Yes

Pending publication decision

## Will the authorship of this document be funded by any organization other than a 501c3 or 501C6?

No

Yes- Please list support sources: