

LITERATURE SEARCH REQUEST FORM

CMU COLLEGE OF MEDICINE-SAGINAW CAMPUS
KNOWLEDGE SERVICES

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Date: _____
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 Requested: Main SM
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Requestor: _____

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- Extended Clerkship Faculty _____

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Date Needed: _____

How do you prefer the search to be delivered? E-mail Mail Fax Pick-up at Library Main St. Mary's

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SUBJECT TO BE SEARCHED: Please be as specific as possible; state points to be included as well as those to be excluded. Explain all acronyms or initials. Please do not use abbreviations or symbols.

Possible alternate search terms: _____

Years to be searched: _____ Ages to be included: _____ Appr. # of citations desired: _____

Purpose of your request: Patient Care Job Related Project/Policy
 Research Paper Presentation (type of audience): _____
 Other: _____

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For further questions contact us by phone: **989-746-7577**, E-mail: cmcdlibrary@cmich.edu or Fax: **989-746-7582**.