### LITERATURE SEARCH REQUEST FORM

CMU COLLEGE OF MEDICINE-SAGINAW CAMPUS
KNOWLEDGE SERVICES

Requestor: ________________________________

Employed by/Affiliated with:

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- CMU Health
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- Nursing
- Medical Student
- M1
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- M4
- Simulation LAB
- Other: ________________________________
- Other Clerkship Faculty: ________________

Phone: ________________________________  Fax: ________________________________  Page: ________________________________

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.

________________________________________________________________________

________________________________________________________________________

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Possible alternate search terms: ________________________________

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

Purpose of your request:

- Patient Care  
- Research Paper  
- Job Related Project/Policy  
- Presentation (type of audience): ________________________________
- Other: ________________________________

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<th>Ovid:</th>
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<th>PubMed</th>
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<td>Business</td>
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<td>Nursing</td>
<td>Google Scholar</td>
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