



# Effective Health Care Scientific Resource Center



Form Approved  
OMB No. 0935-XXXX  
Exp. Date XX/XX/20XX

## Supplemental Evidence and Data for Systematic Reviews (SEADS) Online Submission Form

Please complete the following request for information. (\*Required fields are marked with an asterisk.)

### Organization

1)—Please provide information about your organization, including preferred contact person, method, and information

*Organization Name:	Point of Contact:	Preferred contact method:	Contact information:	add rows +
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Intervention

2)—Please list your organization's drug(s), device(s), or other treatment option(s) regarding the requested information.

*Drug(s)/Device(s)/Other treatment(s):	add rows +
<input type="text"/>	

### Description of Submission

3)—\*Please indicate whether this submission contains ALL Phase II and above clinical trials sponsored by your organization for this indication and an index outlining the relevant information in each submitted file. Please complete this section, even if you are not submitting scientific materials.

- Yes, we are submitting ALL Phase II and above clinical trials sponsored by our organization for this indication.
- No, we do not have any scientific information to submit for this project.
- Other (please explain below)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.