Authorship Memorandum of Understanding

We have agreed to collaborate on a systematic review, meta-analysis or other article or protocol based on an expert, comprehensive search. We agree to the following guidelines as we work together as a team towards the goal of producing a quality product. If our work results in any published papers, protocols, or presentations, we agree to present our results jointly, as full co-authors. We agree to adhere to the requirements for authorship and contributorship of the International Committee of Medical Journal Editors (ICMJE).

The librarian(s) from the Cushing/Whitney Medical Library expects to make the following contributions to this project:

1) Help define the research question and design of the work
2) Determine if a review or protocol has already been published on this topic
3) Help review and refine the protocol
4) Translate the research question into an appropriate search strategy
5) Acquire the data for the work - the citations and articles - by creating expert searches that translate the search concepts into controlled vocabulary and keywords so that both precision and retrieval are maximized
6) Choose specific databases and other information sources to be searched
7) Conduct the literature searches across all the information sources chosen
8) Maintain records of search results and follow up with alerts and updates as needed
9) Provide a de-duplicated database of articles for screening
10) Help to obtain all required articles from search results
11) Provide guidance and support regarding bibliographic management tools
12) Offer and support screening tools to streamline the work
13) Draft the literature search methodology section for any manuscripts or reports
14) Review all manuscripts and approve the final version to be published
15) Agree to be accountable for the accuracy and integrity of the search

Date _______________________________________________________________________
Topic _______________________________________________________________________
Signature of PI/Lead Investigator ________________________________________________
Printed Name

Signature of Medical Librarian(s) ________________________________________________
Printed Name(s)