



**McLaren Oakland**  
**3 N-Medical Library**  
 50 North Perry St.  
 Pontiac , MI 48342  
 Phone : 248-338-5204  
 Fax: 248-338-5025

Date Requested \_\_\_\_\_  
 Date Needed \_\_\_\_\_  
 Date Completed \_\_\_\_\_  
 Received by \_\_\_\_\_

**LITERATURE SEARCH REQUEST**

Name \_\_\_\_\_ Title/Department \_\_\_\_\_

Voice phone \_\_\_\_\_ Pager \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Pager \_\_\_\_\_

**Purpose**  Hospital Business  Nursing Education  Research  
 Medical Education  Patient Care  Other

**How do you want your search delivered? Please indicate:**

Fax to \_\_\_\_\_  Mail to \_\_\_\_\_

e-mail to \_\_\_\_\_

Interoffice mail to \_\_\_\_\_

Hold in Library  Deliver to Physicians mailroom

**Specify any limits that are IMPORTANT to your search.** Searches will be limited to human and English unless otherwise requested.

<u>Years to search</u>	<u>Number of articles needed</u>	<u>Age</u>	<u>Publication type:</u>
<input type="checkbox"/> Last 2 or 3	<input type="checkbox"/> Few good one	<input type="checkbox"/> Infant (0-23 months)	<input type="checkbox"/> Clinical Trial
<input type="checkbox"/> Last 5	<input type="checkbox"/> 15-20	<input type="checkbox"/> Child (0-18)	<input type="checkbox"/> Editorial
<input type="checkbox"/> Last 10	<input type="checkbox"/> 21-50	<input type="checkbox"/> Adult (19+)	<input type="checkbox"/> Letter
<input type="checkbox"/> Back to 1996	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Aged (65+)	<input type="checkbox"/> Meta-Analysis
			<input type="checkbox"/> Practice Guidelines
			<input type="checkbox"/> Randomized Control Trials
			<input type="checkbox"/> Reviews

**Search Description:** Be specific. Add and define the word (s) that relate to your topic.