

**PROPOSAL FOR CLINICAL PRACTICE GUIDELINE (CPG)**  
*CADANGAN UNTUK PANDUAN AMALAN KLINIKAL*

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1. **Topic/Issue** (*topik/isu*)  
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\_\_\_\_\_
  
2. **Summary of Clinical Problem & Outcome** (*Kenyataan Ringkas Mengenai Masalah Klinikal & Outcome*)  
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3. **Brief Background of Clinical Topic To Be Addressed** (*Latarbelakang Ringkas Tajuk Klinikal Yang Akan Diberi Perhatian*)  
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4. **Evidence Of Variation In Practice** (*Bukti Perbezaan Dalam Amalan* )  
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5. **Likely Benefits Of Developing & Implementing CPG** (*Faedah Dijangka Daripada Pembentukan & Perlaksanaan CPG* )  
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6. **Size & Strength of Evidence On This Topic (cite key references)** (*Bukti Yang Dapat Diperolehi Atas Tajuk Ini (Sila Beri Contoh Contoh Kertas Utama)*)  
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7. **Aspects of Management Of The Clinical Condition To Be Focused On** (*Aspek Penjagaan Klinikal Yang Akan Di Beri Perhatian*)  
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8. **Details of Any Related Existing Guidelines Or Protocols** (*Butir-Butir Panduan Atau Protokol Yang Sedia Ada / Berkaitan*)  
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\_\_\_\_\_



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**PARTICULARS OF APPLICANT**  
*BUTIR-BUTIR PEMOHON*

Name (*Nama*)

\_\_\_\_\_

Designation (*where applicable*) (*Jawatan*)

\_\_\_\_\_

Specialty (*zenis Kepakaran*)

\_\_\_\_\_

Unit/Department/Branch/Place of practice (*where applicable*) (*Unit/ Jabatan /Cawangan /Tempat bertugas*)

\_\_\_\_\_

Division/Health Facility (*where applicable*) (*Bahagian/Kemudahan Kesihatan*)

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Tandatangan*

*Tarikh*