**Copy Edit and REB Review Service Request Form & Guidelines**

**Program of Experimental Medicine (POEM)**

Department of Medicine, Schulich School of Medicine & Dentistry, Western University

A Medical Writer (part-time) is available to assist Department of Medicine (DOM) Practice Plan faculty members with their research projects in any of the following capacities:

1. Writing Support:

Assist authors with review, editing or proof-reading of written research findings (e.g. abstracts, manuscripts), grant applications or regulatory documents (e.g. protocols, ethics submissions) that align with established standards

1. Administrative Submission Support:

Provide detail-oriented editorial and review support to the complete manuscript draft that has been provided by the lead author.

• Compare draft manuscript to target journal specifications, updating formatting as required

• Assist with collecting and tracking disclosures from authors when requested

# Who can access the service:

Each DOM Practice Plan member as well as PhD faculty with primary appointment in DOM (whether a part of POEM or not), as an active member of a project/study team, may use **up to 15 hours** of Grant Review, REB Review and/or Manuscript Editing support for their project/s, per year (Jan-Dec). Unused support hours may not be banked, rolled over to the next year, or given to other faculty members or trainees for their use. Only investigator-driven research projects are eligible; no industry research or "fee for service" projects are eligible for this support. Research trainees (e.g. MD-PhD candidates, fellows, residents), who are supervised by a DOM faculty member (practice plan member) may request assistance via their supervisor/project PI; time used will be counted against the PI's 15 hour maximum. For research trainees, the supervisor on record must sign off on the form prior to submitting the request.

# When to access the service:

Submit a request for service form as soon as possible to schedule assistance within the current calendar year. To maximize the benefit of pre-award services, it is strongly recommended that you have a written draft of your proposed project to provide a basic understanding of the project context and design. If you have an immediate service need, please contact our POEM office (POEMadmin@lhsc.on.ca). We will do our best to accommodate urgent needs.

# Process:

Please download and complete the form (below) and allow up to 10 business days for us to contact you. The medical writer will arrange an intake meeting with you via phone or Zoom to discuss your project. The medical writer will give you an estimated time for completion of the project.

Submit request to: Joanna Arsenault Carter, POEM Office at VH, via Joanna.ArsenaultCarter@lhsc.on.ca. Please call Ext. 32864 if you need help completing this form (i.e. with appropriate timelines).

**Examples of POEM Writing Support Timelines**

|  |  |  |
| --- | --- | --- |
| Service |  | Estimated Timeline |
| Type of Document | **Type of Support** |  |
| Abstract | Writing |  |
| Proposal  | Copy-editing | 1-2 days |
| Grant Application | Organizational | 1-4 days |
| Local | Detailed editing | 3-7 days |
| Provincial | Administrative |  |
| National/International | Authorship, signatures, disclosures | 1-3 days (depending on responsiveness of co-authors) |
| Ethics Submission | Formatting to specifications | 1-3 days |
| Manuscript | Administrative review | 3-5 days |
| Other |  |  |

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1. **Project Information: Date: 8/23/2023**

**Name of DOM faculty member:** Click or tap here to enter text.

(DOM practice plan member or PhD faculty with primary appointment in DOM)

**Signature of DOM faculty member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Division:** Click or tap here to enter text.

**Trainee Name:** Click or tap here to enter text.

**Trainee Program and Year (I.E. PGY3):** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Project Tittle:** Click or tap here to enter text.

**Project Start Date:** Click or tap here to enter text.

**Office Site:** [ ] **VH** [ ] **UH**  [ ]  **SJH** [ ] **Other, please specify:**  Click or tap here to enter text.

1. **Service(s) (check all that apply):**

**Document Support:**

[ ]  Abstract [ ]  Proposal [ ]  Grant Application [ ]  Ethics Submission [ ]  Manuscript

**Type of Support**:

Writing: [ ]  Copy Editing [ ]  Organizational Review [ ]  Detailed editing

Administrative: [ ]  Authorship [ ]  Formatting to Specification[ ]  Administrative Review

1. **Service Details:**

Click or tap here to enter text.