**Application for the development or update of Recommendations**

**Pre-Eligibility Check Form (relevance check)**

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| **Project title** |  |

Please insert a short description of your project under the following sub-headings (one or two sentence per heading).

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| **1.What is known about this topic?**  Describe the context of the project, specifically with respect to other EULAR projects in the respective field. |

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| **2.What does this study add?**  Describe the unmet need that this project will address. |

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| **3.How will it impact the field of interest?**  Describe how patients and providers will benefit from the envisaged product of the project |

* Please submit the pre-eligibility proposal abstract to the EULAR Office ([taskforces@eular.org](mailto:taskforces@eular.org))

by 1 November or 1 April.

* Together with this **pre-eligibility proposal abstract** please submit the **full proposal and the lay summary.**
* The convenor should have sufficient expertise and a proven track record relevant to the area of interest.

**Date:**