

Biostatistics Consultation Request Form
Department of Medicine

Request Number
(Internal use Only):

Principal Investigator

PI Job Title

Campus Location:

Phone Number:

E-mail:

Division:

Protocol Title:

Brief description of the study

Who is the study sponsor?

Please indicate project type:

- Grant Submission
- Study Design
- Protocol Development
- Manuscript Preparation
- Other

If other, please specify:

What kind of biostatistics assistance do you need?

- Advice on designing a new study
- Plan/write up the statistical sections of a grant proposal
- Power analysis
- Advice on choice of statistical techniques
- Analyze an existing data set
- Help in interpreting analysis results
- Other (specify) _____

Does any part of this study receive sponsored funding?

- Yes
- No

Any deadlines associated with this project? If so, please indicate date:

Date request submitted:

Requestor's signature (type or electronic):

Date Request Closed (Internal Use Only):

Email of the person completing this form

#