

EMORY UNIVERSITY
DEPARTMENT OF ORTHOPEDICS

BIOS BIOSTATISTICAL CONSULTATION REQUEST FORM

Name Yonz Michael Date 3/7/12
(Last) (First)

Position ☐ Faculty ☐ Resident/Fellow ☐ ATC ☒ Medical Student
☐ Other (please specify) _____

Principal Investigator (must be a faculty member) Dr. Thomas Moore

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Email tmooor01@emory.edu

Are you:

- ☐ Planning a study (e.g. writing a protocol, preparing a grant, etc.)
☒ Analyzing data from a completed study
☐ Preparing an abstract, manuscript, presentation, or report
☐ Other (please specify): _____

Please provide IRB number for existing studies (required) IRB00010582

What specific type of methodological assistance do you require?

1. ☒ Statistical analysis
2. ☐ Sample size/power analysis
3. ☐ Development of a data collection form/case report form
4. ☐ Data management plan
5. ☐ Advise on a data analysis plan
6. ☐ Advise on planning a clinical trial

Briefly describe your research question (indicate primary outcome and primary predictor):

Our study is a retrospective analysis of gunshot wounds. We would like to determine the incidences of complications (compartment syndrome, infection, vascular inj, DVT, PE) with fractures of various anatomic locations.

Please email complete form to merideth.cooper@emory.edu