

EMORY UNIVERSITY  
DEPARTMENT OF ORTHOPEDICS

BIOS BIOSTATISTICAL CONSULTATION REQUEST FORM

Name Starr Harlan Date 3/26/12  
(Last) (First)

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

Principal Investigator (must be a faculty member) Duralice

Office Address \_\_\_\_\_

Phone 706-270-4107 Pager 16633 Fax \_\_\_\_\_

Email hmsstarr3@gmail.com

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) \_\_\_\_\_

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):

We are looking at preoperative/Intraoperative variables and  
how they contribute to post operative outcomes in  
Arthroscopic Revision Rotator Cuff Repair.

Please email complete form to [patricia.a.bush@emory.edu](mailto:patricia.a.bush@emory.edu)