## **EMORY UNIVERSITY**

## **DEPARTMENT OF ORTHOPEDICS**

## BIOS BIOSTATISTICAL CONSULTATION REQUEST FORM

Name:	Mitchell	Phillip		Date:	9/4/12
Position:	(Last)  Faculty	(First Resident/Fellow	ATC	X Med	ical Student
	Other (pleas	se specify):			
Principal Investigator (must be a faculty member): Dr. John Xerogeanes					
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Are you:  Planning a study (e.g. writing a protocol, preparing a grant, etc.)  Analyzing data from an existing study:  Preparing an abstract, manuscript, presentation, or report  Other (please specify):					
IRB number (required for existing studies):  IRB00056044					
What specific type of methodological assistance do you require?    Statistical analysis					

Please email complete form to <a href="mailto:patricia.a.bush@emory.edu">patricia.a.bush@emory.edu</a>, <a href="mailto:keasle2@emory.edu">keasle2@emory.edu</a>, and <a href="mailto:bwu2@emory.edu">bwu2@emory.edu</a>.