

EMORY UNIVERSITY
DEPARTMENT OF ORTHOPEDICS
BIOS BIOSTATISTICAL CONSULTATION REQUEST FORM

Name: _____ Date: _____

(Last) (First)
Position: ☐ Faculty ☐ Resident/Fellow ☐ ATC ☐ Medical Student
☐ Other (please specify): _____

Principal Investigator (must be a faculty member): _____

Office Address: _____

Phone: _____ Pager: _____ Fax: _____

Email: _____

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): _____

What specific type of methodological assistance do you require?

- ☐ Statistical analysis
☐ Sample size/power analysis
☐ Experimental design
☐ Questionnaire/data form development
☐ Data entry/data management
☐ Statistical results write-up/explanation
☐ Other (please specify): _____

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

Please email complete form to patricia.a.bush@emory.edu, kyle.webb2@emory.edu, and bwu2@emory.edu.