

EMORY UNIVERSITY
DEPARTMENT OF ORTHOPEDICS

BIOS BIOSTATISTICAL CONSULTATION REQUEST FORM

Name Starr Harlan Date 5/14/12
(Last) (First)

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

Principal Investigator (must be a faculty member) Dr. John Seiler

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Phone 706-270-4107 Pager 16633 Fax _____

Email hstarr3@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) Exempt

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):

Comparative Analysis of Complication Rates
b/w Passive and Active Rehab protocols following
Flexor Tendon Repair

Please email complete form to patricia.a.bush@emory.edu