EMORY UNIVERSITY

DEPARTMENT OF ORTHOPEDICS

BIOS BIOSTATISTICAL CONSULTATION REQUEST FORM

Name: Beckworth, William “Jeremy” Date 7/5/12

(Last) (First)

Position: ***Faculty X*** Resident/Fellow \_\_\_\_\_\_ ATC \_\_\_\_\_\_Medical Student

\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator (must be a faculty member): W. Jeremy Beckworth, M.D.

Office Address: 59 Executive Park South, Atlanta, GA 30329

Phone: 770-295-9737 (cell) Pager: 12856 (pic) Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: wbeckwo@emory.edu

**Are you:**

\_\_\_\_\_\_ Planning a study (e.g. writing a protocol, preparing a grant, etc.)

\_\_\_\_\_\_ Analyzing data from a completed study

X 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):

I’m in the process of writing up our study to submit to a journal. Would you take a look at the “Methods” and “Results” and add wording that sounds appropriate. Your statistical analysis is attached to the email.

Please email complete form to [merideth.cooper@emory.edu](mailto:merideth.cooper@emory.edu)