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 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):

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