EMORY UNIVERSITY

DEPARTMENT OF ORTHOPEDICS

BIOS BIOSTATISTICAL CONSULTATION REQUEST FORM

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| Name: | | | Gottschalk, Michael | | | | | | | | Date: | | 09/13/2012 |
| Position: | | | | (Last) (First)  Faculty X Resident/Fellow  ATC  Medical Student | | | | | | | | | |
|  | | | | Other (please specify): | | |  | | | | | | |
| Principal Investigator (must be a faculty member): | | | | | | | | | Christopher Sadlack | | | | |
| Office Address: | | | | | 49 Jesse Hill Jr. Drive, Atlanta, Georgia 30303 | | | | | | | | |
| Phone: | | 404-433-2716 | | | | Pager: | |  | | Fax: | |  | |
| Email: | Christopher.sadlack@emory.edu | | | | | | | | | | | | |

**Are you:**

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

X Analyzing data from an existing study: Arthroplasty Study

Preparing an abstract, manuscript, presentation, or report

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| Other (please specify): |  |

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| IRB number (required for existing studies): | **IRB00051767** |

**What specific type of methodological assistance do you require?**

X - Statistical analysis (need exact same stats analysis as last time)

Sample size/power analysis

Experimental design

Questionnaire/data form development

Data entry/data management

Statistical results write-up/explanation

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| --- | --- |
| Other (please specify): |  |

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

|  |
| --- |
| There is no specific question per se. We are looking at the patients that underwent arthroplasty at Grady memorial hospital and looking at the epidemiological data for differences amongst the patients and variables. |

Please email complete form to [kyle.webb2@emory.edu](mailto:kyle.webb2@emory.edu) , and [bwu2@emory.edu](mailto:bwu2@emory.edu) .