EMORY UNIVERSITY

DEPARTMENT OF ORTHOPEDICS

BIOS BIOSTATISTICAL CONSULTATION REQUEST FORM

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| Name: | | | Mandy Huggins, MD | | | | | | | | Date: | | | 10/5/10 | |
| Position: | | | | Faculty  Resident/Fellow  ATC  Medical Student | | | | | | | | | | | |
|  | | | | Other (please specify): | | |  | | | | | | | | |
| Principal Investigator (must be faculty): | | | | | | | | Ken Mautner, MD | | | | |
| Office Address: | | | | | 59 Executive Park S. Atlanta, GA 30329 | | | | | | | | | |
| Phone: | | 404.778.7124 | | | | Pager: | | |  | Fax: | |  | | | | |
| Email: | Mandy.j.huggins@emory.edu | | | | | | | | | | | |

**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

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| Other (please specify): |  |

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| IRB number (required for existing data on human subjects research): |  |

**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

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| Other (please specify): |  |

Briefly describe your research question:

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| We will be comparing outcomes between two treatment groups. For the study, the diagnosis to be treated is chronic lateral epicondylopathy (tennis elbow), the treatment is platelet-rich plasma treatment (with or without activation), and the primary outcome measure is visual analog scale score. |

Please email completed form and protocol to [**shawndra.woodard@emoryhealthcare.org**](file:///\\euh\ehc\Users\vpd6wsd\home\Research%20Studies\Statistics\shawndra.woodard@emoryhealthcare.org)