BIOSTATISTICS AND EPIDEMIOLOGY CONSULTING SERVICE

CONSULTATION REQUEST FORM

Name: ______________________ ______________________ ______________________ Date: ____/____/____
(Last) (First) (Degree) (Academic title)

Are you a:  ___Faculty Member  ___Resident  ___Other (please specify) __________
___Fellow/Graduate Student  ___Medical Student

Your Affiliation:  ____ Weill Cornell Medical College  ____Other (please specify): ______________________________

Department: ___________________________________________ Division: _________________________________________

Office Phone: (___) __________ Fax: (___) __________ e-mail: __________________________________________

Administrative Contact (for billing): ______________________ Contact’s email: ____________________________

8-digit Fund number or 10-digit WBS number: __________________________ (required for billing)

6-digit GL account code: __________________________ (required for billing)

Please indicate below why you would like to use this service: (Check all that apply)

_____a. planning a study (e.g. writing a protocol, preparing a grant, etc.)
_____b. analyzing data from an existing study
_____c. preparing an abstract, manuscript, presentation, or report
_____d. other (please specify): __________________________________________

What specific type of methodological assistance do you require? (Check all that apply):

_____a. statistical analysis  ______f. questionnaire development
_____b. sample size/power analysis  ______g. design/analysis of animal studies
_____c. protocol design/research planning ______h. educational workshop/lecture/tutorial
_____d. study design  ______i. other: __________________________________
_____e. database design/management

Are you contacting us because of a need to respond to a CSEC committee question regarding your protocol?
[ ] Yes [ ] No [ ] Not applicable

Does your study already have CSEC and/or IRB approval? (Check all that apply):

CSEC approval  [ ] Yes  [ ] No  IRB approval  [ ] Yes  [ ] No  [ ] Not applicable

Briefly describe your research question(s): ____________________________________________________________
__________________________________________________________________________________________
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Indicate preferred appointment times (Check all that apply):

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Please e-mail form to Dr. Paul Christos at pac2001@med.cornell.edu