



**Department of Surgery Review**

Date Received:

Project ID# assigned:

## Department of Surgery Biostatistical Support Request Form

**Instructions:** When requesting utilization of MCW Biostatistics Consulting Services, please complete this form and email to [Dr. Gwen Lomberk and Krissa Packard](#). A Dept. of Surgery project ID# will be assigned for tracking purposes.

Once an ID has been assigned, services will be requested in iLab on your behalf under the "Surgery Biostats Lab." **DO NOT** submit the request under your own lab. Following an initial meeting and review of data, Biostatistics Consulting Services will provide an estimate and timeline for project completion.

**Date:**

**Faculty Principal Investigator:**

**Contact person (if other than PI):**

**Brief Project Title:**

**Description of Project:**

**Reviewed by Division Chief?**

**Is this a grant funded project?**

**Is this a grant preparation project?**

**If yes, where are you submitting the grant?**

**Stage of Research**

**Design (no data yet)**

**Data Collection**

**Analysis (data collected)**

**Peer Review**

**Do you have IRB approval?**

**If yes, provide IRB approval number:**

**If you have already been in consultation with a biostatistician, provide name here:**

**Target date for completion of analysis:**

**Tentative Academic Effort (within 6 months):**

**Publication**

**Presentation**

**Abstract**

**Grant**

**Other:**

**Provide a brief explanation of plans:**

[Submit form](#) and email Dr. Gwen Lomberk and Krissa Packard with estimate (below) when received.

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**Biostatistics Estimate (for Total Project) in Hours**

**Date of Estimate:**

**Analyst**

**Faculty**

**Total**