



**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 [Kelly Birmingham 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:**

**Email:**

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

**Email:**

**Brief Project Title:**

**Description of Project:**

**Reviewed by Division Chief?**

**Is this a grant funded project?**

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

**Is this a grant preparation project?**

**Check if cancer related**

**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](#) via email to Kelly Birmingham and Krissa Packard. Once the project's estimate is received by the Division of Research, the estimate summary below will be completed and shared back with you.

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

**Date of Estimate:**

**Analyst**

**Faculty**

**Total**