

Request for Statistical Support from the Department of Pediatrics

If you need statistical support for a project that you are working on, whether it be in the planning stages, in grant submission, or in the data analysis phase, please complete this form and submit it to the Chair of the Department of Pediatrics Research & Scholarship Committee. Your completed application will be reviewed at their next monthly meeting, and if approved, passed along to their Chair of Pediatrics for a second review. If your application passes both reviews, you will be granted a specified amount of free statistical support.

Your Name: _____

Phone: _____

Email: _____

Date: _____

Project Title: . _____

Primary Investigator: _____

Phone: _____

Email: _____

Brief Description of Research Project:

Is the Project Grant Funded? (circle) YES NO If YES, Please List Granting Agency, Amount of Grant, Dates of Grant, and Attach the Grant Budget to this Request. _____

Prospective value of the project:

Description of Statistical Support Needed (examples; power calculation, data analysis plan development, run analyses from existing data, etc.) _____

Numbers of Hours of Statistical Support You Estimate are Needed: _____ hours. (Apply in 10hr increments; maximum per year 20hrs*).

We assume you would like to use KUMC Biostatistics for your support. If you would like to use another agency/individual, please name them here: _____.

*The Committee will review applications for >20hrs and may approve additional support depending on the availability of funds and the applicant's progress to date.