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| **PART A: TO BE FILLED IN BY REQUESTOR** |

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| ***Is the research hosted by the CDHB?*** | ***Yes  No*** |

**Details of requestor:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Name: |  |
| Designation: |  | Department: |  |
| Phone: |  | Email: |  |

**Details of stakeholders involved in the research and/or persons who would have access to the report prepared by biostatistician:**

|  |  |  |
| --- | --- | --- |
| Name |  | Designation/Department/Organisation |
|  |  |  |
|  |  |  |
|  |  |  |

**Brief description of research, primary objectives and timelines:**

*(please attach additional sheets if necessary)*

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**Stages of research and reasons for biostatistical consultation:**

*(please tick in appropriate boxes)*

|  | Current stage of research  (include key deadlines) | Request biostatistical advice? |
| --- | --- | --- |
| Grant proposal |  |  |
| *Please include detailed information about grant and funders* |  | |
| Study design and sample size calculations |  |  |
| Data management (collection/storage/checking) |  |  |
| Data analysis |  |  |
| *Please indicate your agreement for biostatistician to document and archive the research data in CDHB folder* | *Agree*  *Disagree* | |
| Interpreting/reporting results |  |  |
| Publications |  |  |
| Others – please specify |  |  |

*Note: When emailing research data, please delete patient identifiers such as names and addresses.*

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| **PART B: FOR OFFICIAL PURPOSES** |

**Completion of request:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  |  |  |
| Signature of Biostatistician: |  |  |  |