

Request for Research Biostatistician Services Form

Name		Date
Department	VA Position Title	
Are you a paid VA employee?	Academic Title (<i>select or type</i>)	
<input type="checkbox"/> Yes, VA paid employee <input type="checkbox"/> No, not paid by VA		
VA Email (<i>VA email is preferred</i>)	Other Contact Email	
Project Title		
Are you the PI of this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No PI name: _____	
List names of other individuals working on your team:		
Enter request overview (<i>2 sentence summary</i>):		
Funding Status (<i>select one</i>):		
<input type="checkbox"/> Grant in development		
Agency: _____		
Total Budget: _____		
Due Date: _____		
<input type="checkbox"/> VALUE student project endorsed by VALUE program director		
<input type="checkbox"/> QI project conducted by a Quality chief resident		
<input type="checkbox"/> Funded Project		
<input type="checkbox"/> Grant	Grant #: _____	
	Agency: _____	
	Total Budget: _____	
<input type="checkbox"/> CVRE-funded pilot		
<input type="checkbox"/> Unfunded Project		
	<input type="checkbox"/> Manuscript	
	<input type="checkbox"/> Abstract	
	<input type="checkbox"/> Other: _____	
Is Amy's time on this project funded?		
<input type="checkbox"/> Yes - via % time on grant/award: _____		
<input type="checkbox"/> Yes - via another source: (<i>ex: CVRE residual funds</i>) _____		
<input type="checkbox"/> No		

This project is (select one):	
<input type="checkbox"/> Quality Improvement (QI)	
Have you received your 'this is not research' memo from IRB? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Research	
Is this project IRB approved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IRB Exempt or No Human Subjects	
IRB protocol number: _____	
Has Amy been added to the IRB protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Note: If Amy will see any data containing any of the 18 HIPAA identifiers, then she needs to be added to the approved IRB protocol before statistical work can begin.</i>	
Study population: (Ex: Inclusion / exclusion criteria, demographic information for subjects)	
Study design: (Ex: Experimental, observational, pre/post, descriptive – briefly explain)	
Where will your data originate? (Ex: VA data source, publicly available dataset, other)	
Are data already collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify data format / software used:	
Significance/Relevance of this project: (Ex: 30% of Veterans are affected by disease X...) (1-2 sentences)	
Rationale: How does this project fill a gap in the literature? (1-2 sentences)	
Hypothesis (predicted relationships between independent and dependent variables):	
Potential impact for Veterans:	

Please submit completed form to Amy Gravely (amy.gravely@va.gov)
 Include any relevant articles or other documentation such as manuscripts, examples from your field, etc.