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**Request for Services: CANCER CENTER**

( Return form via email to: [ccbiostat@virginia.edu](mailto:ccbiostat@virginia.edu) )

Name:

Date of request:

E-mail:

Department:

You are:  Faculty  Fellow  Resident/Post Doc  Other, please specify:

Project Title:

Principal Investigator & E-mail:

Is PI a Cancer Center member?  Yes  No

Is this a cancer related project?  Yes  No

Project Description: (check all that apply)

Peer-reviewed funded project with statistical support.

Agency: Grant Number:

Peer-reviewed funded project without statistical support.

Preparation for a grant application. Agency:

Preparation for an abstract.

Preparation for a presentation.

Results of this project will be submitted for publication in a peer-reviewed journal.

Protocol development:  Prospective design  Retrospective/chart review

Education.

Other, please specify:

Services Requested (check all that applies):

Study Design

Data Analysis

Results Written for Presentation

Sample Size Calculations

Results Written for Publication

Lecture

Other, Please specify:

Requested Completion Date:

Objectives and Description of Project:

Please provide or attach a short description of the project.