Request for Services: CANCER CENTER
(Return form via email to: 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.
□ 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.

Revision: 6/1/2015