



Telephone: (434) 924-8712

Fax: (434) 924-8437

Request for Services: CANCER CENTER

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

Name: _____ Date of request: _____
 E-mail: _____ Department: _____
 You are: Faculty Fellow Resident/Post Doc Other, specify:

Note: Fellow/Resident/Post Doc projects are generally limited to one per person and allow for 4 hours free consultation before department consulting rates apply.

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.