

**WCMC-LMMHC RESEARCH AND BIOSTATISTICAL COLLABORATION REQUEST FORM  
SUPPORT FOR MEDICAL ACADEMIC RESEARCH TRAINING (SMART) PROGRAM**

**Meeting Date:** \_\_\_\_\_

<b>Contact Person:</b>		
<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>Degree:</b> _____
<b>Rank:</b> <input type="checkbox"/> Attending faculty <input type="checkbox"/> ECRIP Fellow <input type="checkbox"/> Graduate Student <input type="checkbox"/> Resident/Clinical Fellow <input type="checkbox"/> Medical Student <input type="checkbox"/> Other (Specify): _____		
<b>Institution:</b> <u><b>Lincoln Medical And Mental Health Center, NYC</b></u>		
<b>Department:</b> _____	<b>Division:</b> _____	
<b>Office Address:</b> _____ _____ _____	<b>Office Phone:</b> (____) _____ - _____	
	<b>Pager:</b> _____	
	<b>Office Fax:</b> (____) _____ - _____	
	<b>Email:</b> _____	
<b>Department's Administrative Contact:</b> _____ <b>Contact's Phone:</b> (____) _____ - _____		
<b>Principal Investigator:</b> _____ <b>Position Title:</b> _____		
<b>Please provide here the title and a brief description of the project ( please attach as much detail as possible)</b>		
<b>Project Title:</b> _____		
<b>Description:</b> _____ _____ _____ _____ _____ _____ _____ _____ _____		
<b>Expected Outcome:</b> <input type="checkbox"/> Clinical Trial Protocol <input type="checkbox"/> Observational Research Protocol <input type="checkbox"/> Grant <input type="checkbox"/> Abstract <input type="checkbox"/> Manuscript		
<b>Type of Project:</b>		
<input type="checkbox"/> Analysis Project	<input type="checkbox"/> Grant Development	<input type="checkbox"/> Protocol Development
<input type="checkbox"/> Presentation/Seminar/Workshop	<input type="checkbox"/> New Course Development	<input type="checkbox"/> Website Development
<input type="checkbox"/> Administrative	<input type="checkbox"/> Network with Researchers	<input type="checkbox"/> Methods Development Project
<input type="checkbox"/> Teaching Effort <input type="checkbox"/> Book Chapter <input type="checkbox"/> Grant Review		<input type="checkbox"/> New Initiatives

**What specific type of methodological assistance do you require (indicate all that apply)?**

- |                                                                             |                                                            |
|-----------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Hypothesis quantification                          | <input type="checkbox"/> Statistical analysis plan writing |
| <input type="checkbox"/> Preliminary data analysis                          | <input type="checkbox"/> Database design/management        |
| <input type="checkbox"/> Sample size/power calculation                      | <input type="checkbox"/> Questionnaire development         |
| <input type="checkbox"/> Protocol write-up                                  | <input type="checkbox"/> Statistical analysis              |
| <input type="checkbox"/> Letter of Support with Div. capability description | <input type="checkbox"/> Manuscript preparation            |
|                                                                             | <input type="checkbox"/> Other: _____                      |

**Preferred Appointment Date/Time within:**      2 weeks      1 month      1-3 months      > 3months

**RECOMMENDATIONS/ACTIONS:**    Follow up required    Pending Responsibilities appointed

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Please email this completed form to Ms. Lisa Garrow at [Lisa.Garrow@nychhc.org](mailto:Lisa.Garrow@nychhc.org) or **Dr. B Kanna** at [Balavenkatesh.Kanna@nychhc.org](mailto:Balavenkatesh.Kanna@nychhc.org) with subjects heading "Biostatistics Consult"

**Attendees / Position:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**To be completed by Research Design and Biostatistics Core Director:**

Status:    Completed    Ongoing

Outcome:

- Submitted Abstract    Submitted Grant    Submitted Protocol    Reviewed Needs/Assigned Statistician
- Submitted Book Chapter    Published    Submitted Manuscript    Funding Received

Other Comments: