Division of Biostatistics - Service Request Form (Jefferson Researchers)

Name __________________________________________________________
Name of PI if different __________________________________________
Department __________________________________________________
Address ________________________________________________________
Telephone # __________________ Fax # __________________ Email __________________

Is the PI a member of the Sidney Kimmel Cancer Center?  ☐ Yes ☐ No

Is the project cancer-related?  ☐ Yes ☐ No

Is this request for assistance with a grant or contract proposal or industry-sponsored protocol?  ☐ Yes ☐ No

If yes, please provide the following information:
Funding Agency _______________________________________________________________
Submission Deadline ____________________________________________________________

Is this request for assistance with analysis of data from human subjects?  ☐ Yes ☐ No

If yes, the project’s PI must provide Biostatistics a copy of the IRB approval letter. In addition, data transferred to
Biostatistics should not include any private health information identifiers.

Project Description _____________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please Provide Information on Any Deadlines ________________________________________

Policies:
• Initial consultations are provided free-of-charge. These consultations are for no more than one hour and do not include data
  analyses.
• Any consultations other than the one-hour courtesy consult are on a fee-for-service basis. Currently, the rates for Jefferson
  researchers, members of the Sidney Kimmel Cancer Center, and researchers at Wills Eye Hospital are $138 per hour for faculty
  and $65 per hour for consulting unit staff. An estimate for the total cost of the consultation can be provided upon request.
• The consulting fee is waived for work on grant and contract proposals and investigator-initiated protocols.
• Consulting fees may be waived for members of the Sidney Kimmel Cancer Center when their work is not extramurally supported.  
  Any publications must acknowledge the support of Cancer Center Support Grant 5P30CA056036-17 and the SKCC Biostatistics
  Shared Resource.
• Decisions regarding authorship for faculty or staff on any publications or presentations resulting from consultations with the Division
  of Biostatistics should be considered independently of funding.

I understand that I will be billed quarterly for any hours for which the consulting fee is not waived in accordance
with the policies above.

PI Signature: ___________________________ Date: ___________________________

Department Administrator Signature: ________________________________________

Charge Code for IDC: __________________________________________ Maximum Charge Authorized: _______________________

Department administrator approval and charge code required from Jefferson researchers for all billable consultations before work can begin. Administrator approval
is not required for work on grant and contract proposals and investigator-initiated protocols.

Complete form and fax or deliver to:
Division of Biostatistics, 1015 Chestnut St., Suite 520, Fax: 215 503 3804