



Biostatistics Division

1015 Chestnut Street, Suite 520
Philadelphia, PA 19107-5244
T 215-955-9079
F 215-503-3804

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 Title & Brief 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 \$140 per hour for faculty and \$76 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