Statistics Clinic Booking Form

Filling in the details below will help the Epidemiology and Statistics Core, Edinburgh Clinical Research Facility, plan the best use of your session. Sessions will be between 14:00 and 16:00 at the WTCRF [north corridor, Western General Hospital].

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Surname** | **2. First name** | **3. Title** | **4. Post held** |
|  |  |  |  |
| **5. Department** | **6. Employer** | **7. Student Project?**  |
|  |  | Yes / No if yes type: |
| **8. Contact No.** | **9. Email address** |  |
|  |  |
| **10. REC No.****(if applied for)** | **11. R&D Project No.****(if available)** | **12. Funding body****(if appropriate)** |
|  |  |  |
| **13. Project title:** |  |  |
|  |
| **14. With whom has this project been discussed/developed so far?**  |
|  |
| **15. Describe the clinical relevance of this research and current stage of research.** |
|  |
| **16. Type of assistance required (please tick all that apply):** |
| Project design |  |  |
| Advice on sample size calculation |  |  |
| Advice on database design & set up |  |  |
| Advice on data management during study |  |  |
| Advice on analysis techniques |  |  |
| Advice writing stats methods/results for publication |  |  |

**17. Preferred time slot for booking purposes:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 14:00-14:30 |  | 14:30-15:00 |  | 15:00-15:30 |  | 15:30-16:00 |  | Any time |  |

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| **18. Please give a brief outline of the project (no more than 1 A4 page), including** \* The question(s) the study is designed to answer \* The primary measure of outcome \* Any secondary outcome measures \* Sample size (if applicable)  \* The number of items of data to be collected on for each individual \* The progress of the project at present \* Any other appropriate information |
|  |