

Johns Hopkins Alzheimer's Disease Research Center (JHADRC)

DATA CORE – BIOSTATISTICAL REQUEST FORM

Investigator submitting request:

Date: ____/____/____

Name: _____

Telephone: _____

Email: _____

Specific aims and hypotheses of research:

Short background on the relevant science:

Biostatistical support requested – please be as specific as possible (e.g., study design, power calculations, data analysis):

What is the target completion date for the project?

IRB Approval for project

IRB # _____ Approval Date _____ Institution _____

Grant Supporting Research (required for NIA Progress Reports)

PI of Grant: _____

Grant Title: _____

Grant #: _____

Grant Sponsor: _____

Grant Start & End Dates: _____

Total Direct Costs: _____

Names and contact information of other collaborators:

How will results be disseminated?

Meeting presentation: _____

Journal submission: _____

Other: _____

>The ADRC Executive Committee will review this request at the earliest opportunity<