



Department of Epidemiology and Public Health



DIVISION OF BIOSTATISTICS
Biostatistics Collaboration and Consulting Core (BCCC)
Support Request Form

Please complete the information below and e-mail to Maria Jimenez-Rodriguez at mjrodriguez@biostat.med.miami.edu. The BCCC will contact you as soon as possible to address your needs.

All fields are required

Date _____

Principal Investigator First and Last Name: _____

Principal Investigator Id # (C #): _____

Principal Investigator e-mail: _____

Principal Investigator Department, Division, or Institute: _____

Position: [] Faculty [] Fellow [] Resident [] Student/Post Doc. [] Other _____

If faculty, please specify position: [] Assistant Professor [] Associate Professor [] Full Professor

Is this mentored research? ___ Yes ___ No

If Yes, name of Mentor is _____ E-mail of Mentor _____

Seeking CTSI Support under the Miami CTSI: [] Yes [] No

If Yes, indicate priority area(s) appropriate to your research

- [] K-Award
[] CTSI/Institutionally funded pilot study
[] NIH Grant submission

If Yes, Check all that apply to your research:

- [] Health disparities [] Medically underserved communities
[] Minority health
[] Obesity [] Substance abuse [] Sexually transmitted diseases [] Low-birth weight babies
[] Creation of new fields of study at the intersection between existing fields
[] Translational, and interdisciplinary, e.g. co-investigators from at least two schools/discipline
[] Collaborative, e.g. co-investigators from different scientific/clinical fields/subspecialties
[] Using more than one CTSI Component's services/resources or resources from another NIH-funded program grant

Stage of Research:

- [] Design (no data collected) [] Data Collection [] Analysis (data collected)
[] Peer Review [] Grant Preparation

Check all that apply:

- [] Data analysis
[] Power analysis
[] Study design
[] Hypothesis generation
[] New grant application
[] Revised grant application
[] Manuscript preparation / review
[] Presentation / poster / abstract
[] Other

Funding source for project: (check all that apply):

- [] National Institute of Health
[] National Cancer Institute
[] American Cancer Society
[] National Science Foundation
[] Pharmaceutical Company
[] Private foundation
[] Institutional
[] Not funded
[] Other

Is this project approved by the University of Miami IRB?

Yes

No

If Yes, IRB Number:

Reason for non-approval:

Are you under any deadline(s):

Yes

No

If so, what is/are the deadline(s):

Project(s) Title(s):

Please provide a brief description of your request:

Please provide a brief description of the data that you have collected if any:

The BCCC is a cost center, and fee for work not supported under the Miami CTSI will be the responsibility of the investigator, and will be determined based on scope of project and estimated workload.

I (we) agree that reference to / and acknowledgement of the collaboration in publications or reports will be made in consultation with the BCCC, and that the BCCC will receive a copy of the publication. Authorship policy accepted by UMMSM and described in BCCC manual applies. Additionally, work supported under the Miami CTSI will include the following acknowledgment:

This work was conducted with support from the Miami Clinical and Translational Sciences Institute (National Center for Advancing Translational Science (GRANT # 1UL1TR000460)). The content is solely the responsibility of the authors and does not necessarily represent the official views of the Miami CTSI, the University of Miami, and its affiliated academic health care centers, or the National Institutes of Health.

Date

Principal Investigator