Health Services Research Center (HSRC)
Support Request Form

Instructions: When requesting utilization of HSRC Biostatistics Support Services, please complete this form and email to **Jessica Harding** (**jessica.harding@emory.edu**). Following an initial consultation and review of data, HSR Support Services will provide an estimate and timeline for project completion.

Date: _____ **Principal Investigator:** _____ **Email:** _____

Contact person (if other than PI): _____ **Email:** _____

Department/unit: _____

Emory Affiliation:

☐ Faculty

☐ Staff

☐ Graduate Student

☐ Undergraduate Student

☐ Other: _____

☐ None

Is this project Health Services Research*? _____

Health services research is a multidisciplinary field of inquiry, both basic and applied, that examines access to, and the use, costs, quality, delivery, organization, financing, and outcomes of health care services to produce new knowledge about the structure, processes, and effects of health services for individuals and populations.

Project Title: _____

Brief Description of Project (500 words max):

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[text box]
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Is this a grant funded project? _____

If yes, what is the funding source (Click all that apply)

☐ National Institutes of Health

☐ Other National Institute of Health

☐ Centers for Disease Control and Prevention

☐ National Science Foundation

☐ Private foundation

☐ Institutional

☐ Other: _____

Is this project one for which you plan to submit a grant? _____

If yes, where are you submitting the grant? _____

Anticipated submission date _____

Stage of Research (I need help with) *select all that apply*:

☐ Study design

☐ Sample size / power analysis

☐ New grant application

☐ Revised grant application

☐ Manuscript preparation / review

☐ Presentation/poster/abstract

☐ Other (please specify): _____

Is your project qualitative or quantitative in nature?

☐ Quantitative

☐ Qualitative

☐ Both

☐ Not sure

Do you have a dataset? _____ **If yes, what is the source or name of the dataset?** _____

Is there a Code Book, Standard Operating Procedure, or Data Dictionary ? _____

Do you have IRB approval? If yes, provide IRB approval number: _____

Desired date for completion of request: _____

Please be advised that we request a minimum lead time of 4 weeks to ensure proper planning and quality results for your projects, depending on scope. We will make every effort to accommodate urgent requests, but providing ample lead time helps us maintain our commitment to excellence.

Additional Comments or Requests: Use this space to provide any additional details, special requests, or questions you may have:

Attachments: If you have any relevant documents or datasets, you can attach them in the email.

<mark>**Please be sure to fill out the entirety of this form and submit via email to Jessica Harding (jessica.harding@emory.edu)**</mark>. Type "**HSR Support Services Request**" in the subject line of the email. Once the project's estimate is received by our HSR Support Services, the estimate summary below will be completed and shared back with you.

_____

Consultation Date: _____

Biostatistics Estimate (for Total Project) in Hours

Date of Estimate: _____

Analyst _____
Faculty _____

Total: _____