

## Request for Statistical Support

Please complete all fields when requesting statistical support. Email completed forms to [med.rass@uq.edu.au](mailto:med.rass@uq.edu.au) with a copy to [hdr.med@enquire.uq.edu.au](mailto:hdr.med@enquire.uq.edu.au)

<b>First Name</b>	
<b>Last Name</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Date of Request</b>	

### UQ Appointment (*appointment must be current*)

Academic Staff    Academic Title Holder    Conjoint / Adjunct / Honorary

HDR Student (PHD or MPhil)

Have you received approval from your principal supervisor?  Yes    No

- Attach email approval or
- Signature of principal supervisor (sign here): .....

### Faculty of Medicine Organisational Unit

Centre for Clinical Research       Centre for Health Services Research

Child Health Research Centre       Diamantina Institute

Mater Research Institute       Office of Medical Education

School of Biomedical Sciences       School of Public Health

Ochsner Clinical School

School of Clinical Medicine: ..... Clinical Unit

School of Rural Clinical School ..... Clinical Unit

### Statistical Advice Required

Clinical Trial    Education Study    Genetic Study    Prognostic Study

Longitudinal Study    Other    I'm not sure

### Briefly describe the general nature of the statistical support required. (maximum 250 words)

Timeframe in which support is required: \_\_\_\_\_

### **Admin use only**

**Date Received:** .....   **Date Assigned:** .....   **Assigned To:** .....

**Date Resolved:** .....   **Time Involved:** .....