

## Biostatistics & Epidemiology Consulting Lab (BECL)Form

This form is used in matching the client's needs with the proper statistical expert in order to ensure the best possible services. **This form must be returned to BECL before an appointment can be scheduled.**

Please complete this form and Submit via e-mail to ([becl@ttuhsc.edu](mailto:becl@ttuhsc.edu)) prior to your initial meeting with BECL. Please do not feel limited by the visual spaces below, as more may be needed for you to provide adequate information for your specific proposal.

GENERAL INFORMATION	
Principal Investigator	
Department	
Phone number	
Email address	
Research Topic	
Stage of Research: Design	<input type="checkbox"/> Design (no data yet) <input type="checkbox"/> Grant Preparation <input type="checkbox"/> Data Collection <input type="checkbox"/> Analysis (data collected) <input type="checkbox"/> Peer Review
Indicate important time deadlines	
Results likely will be published in:	<input type="checkbox"/> Journal title 1: _____ <input type="checkbox"/> Journal title 2: _____
Are you using a particular data software (e.g., Excel, Access, STATA, etc.)?	<input type="checkbox"/> Yes      Software name: _____
Would you want your consultant to:  <b>(check all that apply)</b>	<input type="checkbox"/> Assist with proposal development <input type="checkbox"/> Produce tables/graphs/charts <input type="checkbox"/> Produce results/methods narrative <input type="checkbox"/> Other _____
Projected authorship list	

**PROJECT SUMMARY** -- Provide a short description of your project, description of data, and brief statement of your consulting needs

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BECL Office Use Only:**

Statistician(s) assigned: \_\_\_\_\_

\_\_\_\_\_

Programmer(s) assigned: \_\_\_\_\_

\_\_\_\_\_

Project # \_\_\_\_\_