DEPARTMENT OF PUBLIC HEALTH SCIENCES

DIVISION OF BIOSTATISTICS
Biostatistics Collaboration and Consulting Core (BCCC)
Part 1 – Investigator or Contact

Office Hours Consultations

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

Contact/Requestor First and Last Name: __________________________
Contact/Request or E-mail: __________________________
Contact/Requestor Phone: __________________________

Please provide a detail description of the statistical issues you would like to discuss:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

[ ] Interested in BCCC Support

[ ] Not interested in BCCC Support

Yes____ or No_____ Will you be able to obtain funding for support if the research requires more comprehensive biostatistical support?

____________________________________________________________________

$105.00 hourly rate. All Fees are based on UM policy B020 for Recharge or Cost centers.