



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.