

Request for Analysis Form



LABORATORY, DATA ANALYTIC SERVICES (DAS)

Below is a request form for analytical requests to Data Analytic Services. Please fill out the items below as best as you can and e-mail the form to <mailto:vnandi@nybc.org>.

For those items that require a discussion prior to filling it out, just leave it blank and we can go over it together during our consultation meeting (e.g. research question and scope of work, etc...)

After initial consultation meeting, there will be an agreed upon time frame and number of hours required to accomplish the analytical request. Upon my receiving data files and other work-related material, if there is a need for a follow-up meeting to revise the number of hours then I will contact you to set up a follow-up meeting and we will amend this request form to include the newly agreed upon hours and/or timeframe.

Date of initial contact (e-mail/phone/Center East hallway):

Date of consultation meeting:

Budget Code (if internal):

Department (and Institution, if external):

Primary Contact Person for Analysis (name, e-mail and phone number):

Time frame (if applicable, due date of conference/meeting/submission deadline):

Research question - a few sentences or more describing the primary and secondary aims, please provide full scope of work in **Appendix A**

Deliverables (if you have tables shells, please provide them in **Appendix B**):

Data processing needs - Number of data files, number of records and number of variables in each data file and type of data files (e.g. excel, csv)

APPENDIX A – SCOPE OF WORK

Analytical Needs - Study design, available data, data cleaning required, extent of data cleaning i.e. number of variables that need data cleaning etc...

Specific Statistical Software (If applicable, then specify)

APPENDIX B - TABLE SHELLS

Number of Hours required to accomplish requested tasks -

Timeframe for deliverables -

Signature of Individual Submitting analytical request

Date of Signature

Analyst Signature

Date of Signature

AMENDED TIME AND EFFORT:

Number of Hours required to accomplish requested tasks -

Timeframe for deliverables -

Signature of Individual Submitting analytical request

Date of Signature

Analyst Signature

Date of Signature

FOR INTERNAL USE ONLY:

Internal or External Request:

Invoiced (Y/N):

Investigator signature (Y/N):

Date Invoice sent to Ken Mathis (OSP):

Date Invoice sent to Accounts (only If External):

Payment received (Y/N):