**Analytic Support Form**

Prior to requesting analytic support from the Department of Medicine (DOM) Quality Program, investigators should note the following:

* Supported projects must be led by a DOM faculty member or have a DOM faculty mentor
* IRB approval, exemption, or self-determination must be obtained
* As we provide analytic support to residents, fellows, and faculty across the DOM, we must ensure the amount of analytic time per project is reasonable. Projects estimated to require >20 hours of analytic support will require approval of Quality Program leadership
* Supported projects are expected to result in submission of a peer reviewed manuscript
* DOM Quality Program personnel should be acknowledged or included as co-authors in accordance with ICJME authorship criteria (icjme.org)

Please complete sections A-C and send the completed form back to [bradley.tompkins@uvmhealth.org](mailto:bradley.tompkins@uvmhealth.org) at least two days prior to any scheduled analytic meetings

1. **Timeline**

*Instructions*: please provide a reason and deadline for when a completed analysis is being requested.

* *Example*: we would like to have the analysis completed by October 15 so that we can meet the abstract submission deadline (November 1) for the American Thoracic Society Conference

1. **Project Objectives**

*Instructions*: please list the questions that you would like to answer with the data requested on page 2 (Variable List)

* *Example*: is the admission day of week associated with a patient’s length of stay?
* *Example*: since 2015, did the rate of inappropriate ultrasound orders decline in patients with hypothyroidism at UVMMC?

1. **Variable List**

*Instructions*: please create a preliminary list of the data variables necessary to complete your project. In addition to the outcome variables that will satisfy the project objectives (page 1), consider variables that will help describe your study population or control for confounding.

|  |  |
| --- | --- |
|  | Variable Name |
|  | *Example*: Admission date |
|  | *Example:* Systolic blood pressure (all measurements during admission) |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |
| 10. |  |
| 11. |  |
| 12. |  |
| 13. |  |
| 14. |  |
| 15. |  |
| 16. |  |
| 17. |  |
| 18. |  |
| 19. |  |
| 20. |  |
| 21. |  |
| 22. |  |
| 23. |  |
| 24. |  |
| 25. |  |