**Scholarly Quality Improvement Project – Biostatistics Consultation Application**

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| **Date:** |  |
| **Project Title:** |  |
| **Applicant:** | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Project Leader:**  Same as applicant |  |
| **Faculty Mentor:**  Not applicable |  |
| **Other Participants:**  Especially note any learners or trainees |  |
| **Is this project funded?** | No  Yes – internal funding. Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes – extramural funding. Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Goal(s) of Project:** |  |
| **IRB Review/Approval Status:** | Have not applied  Application submitted  IRB approval or exemption received  Not applicable. Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Measures:**  List the primary metrics that will be used to assess or quantify the results of the QI project or study. |  |
| **Source(s) of data, if known:**  Not yet known |  |
| **Type(s) of statistical analyses, if known:**  Not yet known |  |
| **Estimated biostats hours required, if known:**  Not yet known |  |
| **Estimated project completion date (month, year):** |  |
| **Plans for publication (NB: funded projects are expected to result in peer-review publication)** | Yes, we plan to submit this work for publication  Journal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated mo/year of submission:\_\_\_\_\_\_\_  No, we do not plan to submit this work for publication |
| **Please attach project / research proposal or IRB application** | Proposal attached  Proposal not attached. Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Would you like to participate in a “QI Writing Group”?** | No  Yes |

Please submit completed form or questions to Allen Repp at [allen.repp@uvmhealth.org](mailto:allen.repp@uvmhealth.org). Thank you!

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Reviewer Response

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| **Date:** |  |
| **Reviewer(s):** |  |
| **Recommendation:** | Biostatistics consultation approved  Project does not presently meet criteria for biostatistics consultation |
| **Comments:** |  |

*If approved*:

* This form will be forwarded to Dr. Ashikaga in Biostatistics and the project will be assigned to a member of the biostatistics group.
* Once a biostatistician has been assigned to the project, we recommend scheduling an early initial consultation to review project design, measures, data formatting, and analyses.