

Request for BERD Collaboration

Use "Tab" key to advance to next field.

Date _____

Name _____ Title _____

E-mail _____

University _____ School _____

Questions:

1. Are you requesting assistance with (mark all that apply)

a) Supporting a funded project Yes No

If Yes name funding source _____

b) Grant design and submission Due Date _____

c) Abstract submission Due Date _____

d) Statistical Analyses

e) Data Management

f) Power Calculations

g) Assistance with Statistical Software

h) Other

2. In the box below, please describe your research aims.

3. In the box below, please describe your primary outcome variable? Is it continuous (variables that have units such kg/m², mmol, psi)? Is it categorical (yes/no, high/medium/low)? Is the outcome a time until an event outcome?

4. In the box below, please tell us if you are comparing groups (Yes or No). If yes, how many groups will be compared? If no and you are studying one group/population, please describe the research variables, whether continuous or categorical, that will either be correlated or associated with your outcome?

5. In the box below, please tell us if there are other variables that wish to control or account for in your research?

6. In the box below, please indicate if data has already been collected. If Yes, in what software does your data reside in (Excel, GraphPad Prism, SAS, SPSS, etc). If you are planning to share the data with BERD Methodologists, please make certain no personal health identifiers (PHI) are present in the data.

1924 7th Avenue South



Center for Clinical and Translational Science
Mailing Address:

PCAMS 111 | 1720 2ND AVE S | BIRMINGHAM AL 35294-0007

phone: 205.934.7442 | fax: 205.934.3749

email: ccts@uab.edu | www.uab.edu/ccts