

Request for CDRG Statistical Services

Name of Requestor:	
Title at HHRI/HCMC: Requestor signature: _____	Department and Chief: Chief signature: _____
Email:	Telephone:
HCMC Affiliation (if applicable):	Faculty Mentor (<i>if applicable</i>):
Project Title:	
Period of Performance (<i>Start and End date</i>):	
Purpose of the research project or academic activity/educational project:	
Project Objective(s) and/or End Point (s):	
Type of statistical support needed:	
Estimated number of hours:	
Specific deadline for statistical services:	
Funding: Please indicate the source of funding that you intend to use for this statistical support.	