service request form

# Personal Information

|  |  |  |  |
| --- | --- | --- | --- |
| KSU Number :  |  | Department : |  |
| Name : |  | official e-mail\* : |  |
| Designation : |  | other e-mail : |  |
| Mobile # |  |

# Service(s) Requested

|  |  |  |
| --- | --- | --- |
| [ ]  Initial consultation\* | [ ] Biostatistics\* | ☐ Literature review |
| [ ] Ethical consultation\* | [ ]  Writing consultation\* | ☐ Journal and publication consultation\* |
| ☐ Methodology consultation\* | [ ]  Editing and proof reading | ☐ Data Management\* |
| \* please fill I detail for the selected service, as applicable, in the following sections. |

services Details

|  |  |  |
| --- | --- | --- |
| initial consultation :  | [ ] Formal visit[ ] discussion of the project | [ ] feasibility of the project  |
| Methodology consultation : | [ ] study design[ ] sample size calculation | [ ] strategies to recruit subject / patients[ ] Data collection |
| Ethical consultation : | [ ] Informed consent requirement  | [ ] Consent waiver requirement |
| Data management and biostatistics : | [ ] Raw data cleanup [ ] Data coding[ ] Simple statistics ( Descriptive statistics, frequency , central tendency etc.) | [ ]  Complex statistics ( Comparative analysis viz, chi square ; Regression, Survival etc.)[ ] Tables and graphs generation  |
| Writing consultation : | [ ] Abstract[ ] Introduction[ ] Methods[ ] Results | [ ] Discussion[ ] Conclusion [ ] Reference and citation |
| journal and publication consultation : | [ ] Scientific and technical review of the manuscript / article[ ] Target journal selection | [ ] Submission of the target journal[ ] Translation  |

|  |  |  |
| --- | --- | --- |
| Signature of PI :  | Name :  | Date :  |

( For Office use only )

|  |  |
| --- | --- |
| ecs : | Approval from PNHRC |
| Signature :Name :Date : | Signature :Name :Date : |