

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 :	<input type="checkbox"/> FORMAL VISIT <input type="checkbox"/> DISCUSSION OF THE PROJECT	<input type="checkbox"/> FEASIBILITY OF THE PROJECT
Methodology consultation :	<input type="checkbox"/> study design <input type="checkbox"/> sample size calculation	<input type="checkbox"/> strategies to recruit subject / patients <input type="checkbox"/> Data collection
Ethical consultation :	<input type="checkbox"/> Informed consent requirement	<input type="checkbox"/> Consent waiver requirement
Data management and biostatistics :	<input type="checkbox"/> Raw data cleanup <input type="checkbox"/> Data coding <input type="checkbox"/> Simple statistics (Descriptive statistics, frequency , central tendency etc.)	<input type="checkbox"/> Complex statistics (Comparative analysis viz, chi square ; Regression, Survival etc.) <input type="checkbox"/> Tables and graphs generation
Writing consultation :	<input type="checkbox"/> Abstract <input type="checkbox"/> Introduction <input type="checkbox"/> Methods <input type="checkbox"/> Results	<input type="checkbox"/> Discussion <input type="checkbox"/> Conclusion <input type="checkbox"/> Reference and citation
Journal and publication consultation :	<input type="checkbox"/> Scientific and technical review of the manuscript / article <input type="checkbox"/> Target journal selection	<input type="checkbox"/> Submission of the target journal <input type="checkbox"/> Translation

Signature of PI :	Name :	Date :
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(For Office use only)

ECS :	<u>APPROVAL FROM PNHRC</u>
Signature :	Signature :
Name :	Name :
Date :	Date :