service request form

# Personal Information

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| --- | --- | --- | --- |
| 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

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| 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 |

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

( For Office use only )

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