# SCGOPHCG Statistical Consultation Form

**Please complete the following form to gain access to the service.**

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| Please complete Investigator Details | |
| Full name | Title, First Name, SURNAME |
| CGNM employee number | This can be located on your payslip |
| Contact email | Click here to enter text. |
| SCGOPHCG department | Click here to enter text. |
| Position held | Position held at SCGOPHCG |
| Research Project Details | |
| Project title | Click here to enter text. |
| Have you applied for HREC or QI approval? |  |
| Please enter your HREC or QI number | Click here to enter text. |
| Are you intending on applying for funding? |  |
| *If Yes, please specify source and submission date*  Brief layperson description of your project | Click here to enter text.  Click here to enter text. |
| Status of project | Design Phase  Data Collection Commencing  Data Collection Completed |
| Project outcome | Grant  Manuscript  Abstract  Audit  Presentation |
| Statistical services you are seeking | Study Design  Power/Sample Size Calculation  Data Analysis  Interpretation of Data |
| Deadline for this project  Justification for your deadline | Click here to enter text.  Click here to enter text. |

## Procedure

* Email completed form to [**scgh.research@health.wa.gov.au**](mailto:scgh.research@health.wa.gov.au)
  + Attach any relevant documentation to the email, such as protocol or research plan
  + Do not attach datasets.
* The Statistician will contact you directly once your form has been processed by the SCGOPHCG Department of Research.
* **PLEASE NOTE:** 
  + Where there is any contribution to a manuscript through analysis and interpretation of data, there is an expectation of the inclusion of the biostatistician in the authorship of the paper, as per [**ICMJE**](http://www.icmje.org/) guidelines.
  + Student projects are not included in the scope of this service. Please contact your university for statistical support.

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