

# Centre for Clinical Epidemiology & Evaluation Consultation Request Form

To request a consultation please provide the required information.

Name

Position

Institution

Department

Are you a VCHRI researcher?

Are you a VCH staff member?

Yes

No

Yes

No

E-mail address

Phone number

Title of project

Is your project:

Research?

Quality Improvement (QI)?

Other?

If this is a research project, please provide REB approval number and date.

If this is a QI project, please provide the name of department head who approved this project.

Please provide a short description of this project.

Services required (Select all that apply)

Data collection (including REDCap)

Data management

Health economic analysis

Health policy

Manuscript preparation

Qualitative analysis or methods

Review (systematic, rapid, etc.)

Statistical analysis

Study design

Source of funding

(If no funding please put "none")

If this consultation is in support of a grant application, please provide the grant submission deadline.  
(N/A if not applicable)

and the granting agency is:

**Please email completed form and protocol or study outline to: [c2e2.admin@ubc.ca](mailto:c2e2.admin@ubc.ca)**