

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 wrangling
- Data management
- Health economic analysis
- Health policy
- Health technology assessment
- 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

A template of a study outline can be found on our website.