

APHI Research and Statistical Consultation Service
Research Consultation Form
Please Complete this Form Prior to your Initial Meeting

Contact Name: Dr / Ms / Mr

Consultation Date:

Position:

Department:

Name of the Advisor (if student):

Principle Investigator of project:

Funding resources for project:

Requested deadline for deliverables:

Briefly describe what assistance and deliverables you are hoping to obtain from this consultation:

Convenient Date and Time to meet (9:00 am to 5:00 pm, Mon-Wed):

Title of the Project:

Brief description of the Project: (emphasizing Objectives, Study Design and Methodology)
Hypothesis or objectives:

Summary of design and data (be specific in describing outcome and exposure variables):