



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

Division of Research Services Initial Consultation Request Form

The University of Illinois College of Medicine at Peoria Division of Research Services offers a wide variety of resources to our faculty, staff, and students. We can provide assistance in study design, statistical analysis, writing and editing, and grant development and submissions. Please take a moment to provide us with a little information in advance of our first meeting so that we are better prepared to help you.

Once you have completed the items on this form, please save a copy to your desktop and submit it as an attachment in an e-mail to ResearchServicesDept@uic.edu.

Your information will be reviewed and an initial consultation will be arranged with the appropriate staff members to accommodate your needs.

Name:

E-mail:

Phone:

What is your current position at
UICOMP?

For Students/Residents/Fellows: Who
will be the PI on your study?

For Faculty:

Principal Investigator on study:

PI's UICOMP department or program:

If not affiliated with UICOMP, please list
affiliation:

Other investigators working with you
on this project:

Please indicate the services you anticipate needing: (Check as many as apply.)

Developing a Research Question

Study Design

Help with IRB

Statistical Analysis

Abstract Development

Protocol

Manuscript Development

Grant Submission

Development/

Submission

General Guidance

Other, please describe:

Study title:

Please provide a brief description of your project or research interests: (character limit 1200)

Is this study a sponsored project or supported by external funding?		Yes	No
Sponsored	Sponsor paying for services	Sponsor not paying for services	
External Funding	Grant money paying for services	Grant not paying for services	

Name of sponsor or grant agency, if applicable

What plans do you have for disseminating the results of your project? (Check as many as apply.)

<input type="checkbox"/>	Poster Presentation	<input type="checkbox"/>	Case Report	<input type="checkbox"/>	Scientific Talk
<input type="checkbox"/>	Meeting Abstract	<input type="checkbox"/>	Meta-Analysis	<input type="checkbox"/>	Journal Article

If known, name of Journal you are submitting to:

Deadline for abstract/poster/paper submission:

If you do not have a known deadline for submission, please give us an idea of the completion date you are working toward:

What stage are you at in terms of data collection?	<input type="checkbox"/>	Not Started	<input type="checkbox"/>	In Progress	<input type="checkbox"/>	Complete
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Does your Project Need Institutional Review Board (IRB) Review?**Yes****No****Not Sure****If yes, check the items you have completed.**

OSF Research additional information and OSF forms at <https://www.osfhealthcare.org/research/investigators-coordinators/starting-new-research/> email form directly to osf.clinicalresearch@osfhealthcare.org

CITI Training Complete and Copy of CV to IRB**Registration in IRBNet****If Research done at OSF - Consult with OSF Data Analytics****If Research done at OSF - Submitted to OSF for Approval****Submitted forms to IRB in IRBNet (required signatures included)**

- Project Protocol Review Form OR Research Determination Form
- Financial Disclosures (NSCOIDF or SFIDF Part I)
- Responsibility of Investigator form
- Protocol and all study materials
- Consents, if needed

IRB Approved**Is the project part of any of the following:
(Check all that apply.)****Cat Scholar****IRGMed****Craig Fellowship****James Scholar****INI Fellowship****Residency Research Requirement****INI Scholarship****RSPP****If available/relevant, please attach a copy of the following items to your e-mail:****Most relevant journal article(s)****Proposal (rough drafts are welcome)****Survey instrument(s)****Any Additional Information you would like us to have before we meet?**

Thank you for providing this information. We will be in touch shortly to schedule a meeting with the appropriate staff in our department. Please feel free to contact us anytime with additional information or questions!

ResearchServicesDept@uic.edu

For Office Use Only

Date Received:

Initial Meeting Date:

Project Number:

Staff Assigned:

Planned Analyses:

Descriptive Statistics

Chi Square

Fisher's Exact

Power Analysis

Permutation Test

Monte Carlo

T-test

Mann-Whitney

Wilcoxon Sign Rank

Kruskal Wallis

Friedmann

ANOVA

ANCOVA

Simple Linear Regression

Multiple Linear Regression

Simple Logistic Regression

Multiple Logistic Regression

Repeated Measures ANOVA

Simple Cox Regression

Multiple Cox Regression

Correlation

Factor Analysis

PCA

Reliability

GEE Model

Linear Mixed Model

Additional Comments:

Total Estimated Hours:

Consultation Hours Used:

(3 Hours of Consultation is Free)

Total Estimated Billable Hours:

Approved By:

Approval Date:

Department:

C-FOAPAL:

Comments: