



Biostatistics and Data Management Core Scope of Work

1. ABOUT THE PROJECT

Working Title:

Research Question:

Aims of Biostatistics and Data Management Core Collaboration:

2. INVESTIGATORS

Principal Investigator:

Primary Contact (if different than PI)

Investigator will provide the following materials for this work to be completed (include due date, if applicable)

1.
2.
3.
4.

Estimates are conditional on having current and complete information provided by the researcher. If changes are made to materials (e.g., updated data files), estimates **WILL** change.

3. BIOSTATISTICS CORE RELATED ACTIVITIES

List the Biostatistical work required and planned meetings (additional items can be listed at the end of this document).

Biostatistical Work:	Est. Time	Check- in Date
1.		
2.		
3.		
Total Hours:		
Estimated cost based on charge policy:		
Project ID: Version: Date: Assigned Biostatistician:		



USC University of Southern California

4. APPROVALS

SC-CTSI/ CHLA Biostat Core to complete this section:					
	This estimate is correct to the best of my knowledge. If Scope of Work changes, a new				
	Scope of Work will be created and approved				
	Information regarding financial sources for this work have been provided to the SC-				
	CTSI/CHLA Biostat Core (See below)				

Biostatistician Signature:

Principal Investigator to complete this section:

	PI provides approval for SC-CTSI/CHLA Biostat Core to proceed with work listed above.			
	If work is to exceeding estimated time by more than 10%, a revised Scope of Work will			
	be created and approved.			
	PI agrees to provide feedback about outcomes of work to SC-CTSI/CHLA Biostat Core			
	PI agrees to create a PMCID for all published materials resulting from this work*			
	Information regarding financial sources for this work have been provided to the SC-			
	CTSI/CHLA Biostat Core			
	PI agrees to cite SC-CTSI/CHLA Biostat Core on all work products			
	C-CTSI is a federally supported grant, all publications resulting from work performed by Biostatistics			
	staff must be submitted to PubMed Central. Please make sure to cite the CTSI for the help you			
	ved in all publications and presentations: "This publication [or project] was supported by NIH/NCRR			
	TSI Grant Number UL1 TR000130. Its contents are solely the responsibility of the authors and do not			
nece	essarily represent the official views of the NIH."			
DICIA	PI Signaturo:			

PI Signature:

5. BILLING AND MISC INFO:

Principal Investigator to complete this section:

Division Financial Contact (Name, Title, phone, and email):

Project Number (aka PeopleSoft Cost Center Number) to Charge:

For Fellows: Year(s) into fellowship (e.g., second year of three)

Project ID: Version: Date: Assigned Biostatistician: