

OFFICE OF RESEARCH ADMINISTRATION
Research Assistance Request Form

Please don't be intimidated by the blanks, just fill in what you can to help us understand your need.
(Please note that an hourly fee may apply.)

Name: _____

Email: _____

Phone Number: _____

Ob/Gyn Division: Generalist Gyn Specialties Urogyn MFM REI
 Research Resident Other Department: _____

Project Title: _____

Describe your project briefly:

Please Choose Type of Assistance Needed (check all that apply):

- Biostatistics
- Study Coordinator
- Study Planning
- Database Management
- Other: _____

Estimate of Time Required: 0-5 hours 5-10 hours 10-20 hours 20+ hours

Is Grant Funding Available: No Yes: _____ (account number or name)

Do you have IRB Approval for your project: : No Yes: _____ (RSRB Number)

Any Additional Information? _____

Please send completed form to:
Rebecca Rowley
rebecca_rowley@urmc.rochester.edu

For Office Use Only:

Project Assigned to: _____ Time Required: _____

Notes: _____
