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| Request for WHRI Biostatistician Services | |
| Contact Information | |
| Name: |  |
| Phone number: |  |
| Email: |  |
| Summary of Request | |
| Title of Project: |  |
| Brief description of requirements: |  |
| Is the project funded? |  |
| Is there a specific timeline?  (i.e., grant or abstract deadline) |  |
| Any other comments? |  |
| Please return this form to Kathryn Dewar at [kdewar@cw.bc.ca](mailto:kdewar@cw.bc.ca) | |