



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](mailto: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  
Development/

Manuscript Development

Grant Submission

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.)**

**Poster Presentation**

**Case Report**

**Scientific Talk**

**M Meeting Abstract**

**Meta-Analysis**

**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?**

**Not Started**

**In Progress**

**Complete**

**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](mailto: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 (NSCQIDF 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](mailto: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 are Free)

Total Estimated Billable Hours:

Approved By:

Approval Date:

Department:

C-FOAPAL:

Comments: