

# COLLABORATIVE AGREEMENT FOR BIOSTATISTICAL SUPPORT

Requested by: \_\_\_\_\_

Project Title: \_\_\_\_\_

P.I. Name: \_\_\_\_\_

Dept/Div: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Pager No.: \_\_\_\_\_

Responsible Entity: P.I. Dept and/or Div Contract (circle one)

Account Title: \_\_\_\_\_

Account No.: \_\_\_\_\_

Maximum amount allowed for statistical support: \_\_\_\_\_ (See [Fee Schedule](#))

**NOTE: This form MUST BE SIGNED by the person accepting financial responsibility for the requested work before the project begins.**

## SIGNATURE APPROVAL:

by P.I.: \_\_\_\_\_ Date: \_\_\_\_\_

or Dept/Div Head: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to Division of Biostatistics, RG/4th R4101 (IUPUI Campus) or FAX to (317) 274-2678*

.....  
(This portion to be completed by Division of Biostatistics personnel)

Date Received: \_\_\_\_\_

Biostatistics Service(s) Requested: \_\_\_\_\_

Preliminary Estimate of Requested Service(s): \_\_\_\_\_

Biostatistics Coordinator: \_\_\_\_\_

Note: Fee-for service reimbursement for biostatistical support does not alter the contribution to the academic enterprise. It is simply an alternative to salary support as would be provided by serving as a co-investigator on an NIH grant, for example. The contribution of each person needs to be evaluated as a manuscript is prepared. Consideration for authorship should be based on the accepted criteria for most medical journals. These criteria generally cite both study design and statistical analysis as intellectual input sufficient for authorship. It is impossible to define every situation in advance; however, it should be clear that reimbursement for time does not preclude or replace authorship.