



DATA ANALYSIS REQUEST

Date of Request: Submitted by:

Position: Institution:

Email: Telephone:

Current Available Databases: Topiramate; Celebrex; Creatine; CoQ10; Lithium; Arimoclomol

What database(s) is/are being requested?

Requesting database only (with analysis to be completed on your own)?

Yes

No

Requesting database(s) with Biostatistics analysis?

Explanation of Request (including pertinent background info and requested analysis plan, if applicable):

Submit Requests by fax (617-643-3558) Attention: NEALS Program Manager or by email: tlincoln@partners.org. Please call Tara Lincoln, NEALS Program Manager, at 617-724-7398 if you have any questions.

NEALS



Northeast Amyotrophic Lateral Sclerosis Consortium

FOR NEALS INTERNAL USE:

Date Rec'd at NEALS:

NEALS Reviewer:

Date of Review:

Approved: Denied:

Reason for Denial:

Date of Approval/Denial Notification to Requestor:

Date Sent to Biostatistics:

Biostatistics: Accepted Denied
Biostatistics Estimated Date of Completion:

Reason for Denial:

Request Completion Date:

Notes/Comments:
