

LETTER OF AGREEMENT FOR BIOSTATISTICAL SUPPORT

This Letter of Agreement (LOA) is intended to provide a foundation for collaboration, transparency, and coordination between the PI(s) and the BSR faculty and staff. This is a living document which can be modified at any time to accommodate changing needs and capabilities of BRS, the study, or PI. Any changes require updates to this document, signatures of the study PI and BSR director and re-distribution.

| Section I. Project Information | | | | |
|--|--|------------|----------|-------|
| <i>This is specifically pertaining to the support request and not necessarily existing grants or projects.</i> | | | | |
| Project Title: | | | | |
| Project Start Date: | | | | |
| Project End Date: | | | | |
| Notes: | | | | |
| Principal Investigator | | | | |
| First and Last Name: | | | | |
| Department/Division: | | | | |
| Cancer Center Member? | <input type="checkbox"/> Yes <input type="checkbox"/> No (Faculty Sponsor: _____) | | | |
| If UNMCCC, Specify Research Program: | <input type="checkbox"/> Cancer Control <input type="checkbox"/> Cancer Genetics, Epigenetics and Genomics <input type="checkbox"/> Cancer Therapeutics <input type="checkbox"/> Translational Cancer Biology and Signaling <input type="checkbox"/> Other (Specify: _____) | | | |
| Additional Principal Investigator (If applicable) | | | | |
| First and Last Name: | | | | |
| Department/Division: | | | | |
| Cancer Center Member? | <input type="checkbox"/> Yes <input type="checkbox"/> No (Faculty Sponsor: _____) | | | |
| If UNMCCC, Specify Research Program: | <input type="checkbox"/> Cancer Control <input type="checkbox"/> Cancer Genetics, Epigenetics and Genomics <input type="checkbox"/> Cancer Therapeutics <input type="checkbox"/> Translational Cancer Biology and Signaling <input type="checkbox"/> Other (Specify: _____) | | | |
| Section IIa. Biostatistics Shared Resource Support | | | | |
| Biostatistician | % Effort | Start Date | End Date | Notes |
| | | | | |
| | | | | |
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| Section IIb. Scope of Work | | | | |
| <i>Briefly describe the responsibilities of the BSR member(s), including any relevant deadlines</i> | | | | |
| | | | | |

Section III. PI/Account Information*This section is regarding funding information tied to the project and/or grant.*

| | | | |
|---|--|--|----------------------|
| Department/Division: | | | |
| Administrator Responsible for Billing: | | | |
| Administrator's Email: | | | |
| Administrator's Phone Number: | | | |
| Index Number: | | | |
| Is the Index Number above a restricted/ grant account? | <input type="checkbox"/> Yes (Complete Section IV) <input type="checkbox"/> No (Skip to Section V) | | |
| Notes: | | | |
| BSR Director approval is required if funding is unavailable for collaboration: | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%; text-align: center;"> _____ <i>Signature</i> Director, Biostatistics Shared Resource </td> <td style="border: none; width: 40%; text-align: center;"> _____ <i>Date</i> </td> </tr> </table> | _____ <i>Signature</i> Director, Biostatistics Shared Resource | _____ <i>Date</i> |
| _____ <i>Signature</i> Director, Biostatistics Shared Resource | _____ <i>Date</i> | | |

Section IV. Grant Information

| | |
|---------------------------------------|--|
| Principal Investigator: | |
| Title: | |
| Sponsor: | |
| Grant Number: | |
| Direct Costs (Current Year): | |
| Indirect Costs (Current Year): | |
| Award Start Date: | |
| Award End Date: | |
| Notes: | |

Section V. Authorship Policy

Co-authorship on scientific journal articles is generally expected on studies where substantive input on design and/or analysis is provided. During manuscript preparation, as the contributions of each person is evaluated, 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. For more information, please refer to the edicts set forth in the *Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals* (ICMJE Recommendations), <http://www.icmje.org/recommendations/>.

I hereby agree to the contents and intent of this Agreement for Biostatistical Support:

Signature
 Principal Investigator

Date

Signature
 Director, Biostatistics Shared Resource

Date

Completed form will be circulated via email by BSR to all named parties, include Sabrina Samudio-Ruiz for all funded support (SRuiz@salud.unm.edu).