EpiData Center Project/Task Request Worksheet

Date of Request:	Current EDC POC:

Contact Information

Name/Rank/Title:	
Organization/Command:	
E-mail Address:	Phone Number:

Project Goals and Objectives

Project Title:	
Projected Due Date:	Report Frequency:
☐ Update to a previous project	Previous analysis date:

Project Goal/Objective:

Operational Significance/Impact to Mission Readiness:

Groups supported? (list all, e.g. BUMED):

☐ IRB approval required	☐ Classified as public health surveillance
☐ Classified as program evaluation	☐ Classified as research

Project Specifications

Population (e.g., Active Duty, Service Specific, Age range, Location):

Time Period (Time range, Calendar Years, Fiscal Years):

Outcomes/Conditions of Interest (e.g., All laboratory positive cases of a disease, all records with specified diagnoses):

Case Definition:

Project Specifications – Continued

Additional Information:

Deliverables (Select all that apply)

Full report with background, methods, results, discussion, limitations, and references (please specify):

Case linelist	Include PHI/PII

Variables of interest (please specify):

Demographic tables (frequencies/percentages of condition by demographic variables):

Historical trend lines:

Statistical analyses (Measures of association or statistical significance):

Other:

For Internal Use Only

PLL Determination:	Frequency:
Team Assignment:	
Assigned Project ID:	Projected Delivery Date:

Additional Notes:

Save form, then submit by email to: usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-epi-plls@health.mil