

<p>For SCC Office Use Only Funding Source will determine the fees for services.</p> <p>Cancer _____</p> <p>Non-Cancer _____</p> <p>Grant Funded _____</p> <p>Non-grant Funded _____</p> <p>Other _____</p>
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Date _____

PI
 Washington University School of Medicine
 Department of **X**

Dr. **X**,

The Siteman Biostatistics Shared Resource core agrees to provide services for your project/protocol titled: **"Title"(HRPO#)**.

The scope of the project and requested services are:

-

Investigator is responsible for the estimated amounts below based on requested services above:

Biostatistics Faculty Services

- \$105/hr X _____ hrs =
- To be completed by: _____

Biostatistics Masters Services

- \$70/hr X _____ hrs =
- To be completed by: _____

The investigator shall pay an invoice within 60 days of receipt. Department will be responsible for any unanticipated cost outside of the agreed upon scope. Costs are based on set rates, which may be subject to change. Possible Siteman subsidies may apply.

*Please note, WU co-authorship guidelines apply and can be referred to here: <http://wustl.edu/policies/authorship.html>
 If services were provided by Siteman Shared Resources, citation of the Core/Shared Resource in publications is required. Please cite in the Acknowledgements section the following: "We thank the Alvin J. Siteman Cancer Center at Washington University School of Medicine and Barnes-Jewish Hospital in St. Louis, MO for the use of the _____ Core. The Siteman Cancer Center is supported in part by NCI Cancer Center Support Grant #P30 CA091842, Eberlein, PI."*

Signatures below indicate that this service agreement is acceptable. Additional requests must be negotiated by the Siteman Biostatistics Core and the investigator. This Services Agreement must be returned to Siteman Research Administrator, Jen Zhou at zhouj@wudosis.wustl.edu.

X, PI _____ Date _____

Business Director/Financial Administrator _____ Dept# _____ Date _____

Siteman Biostatistics Core Administrator _____ Date _____