ONLINE FFQ PROCESSING FORM

IF YOU HAVE FORMATTED YOUR QUESTIONNAIRE INTO A COMMA DELIMITED (CSV) DATA SET TO MATCH A HARVARD FFQ DATA DICTIONARY, WE REQUEST THAT THIS FORM BE SUBMITTED WITH **EACH** REQUEST TO ANALYZE YOUR QUESTIONNAIRE. (DO NOT SEND THE BILLING FORMS TO BRISTIAN JUSTICE.)

(Please make copies for use with each submission).

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| Investigator’s Name:  Hypothesis:  Email Address (**Required for WINZIP Attachment – provide 2 addresses)**:  WINZIP file is sent using Partner’s Secure Transfer. **You must login in and pick up your data within 10 days**.  If your institution will not receive zipped data files, please provide a home-based PC email address.  In what year did your participants complete the questionnaire? |

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| Billing Name:  Billing Address:  Tax Exempt Number:  Purchase order number: Is your study funded by federal grant? \_\_\_Yes \_\_\_No  Phone Number:  Email Address:  How will you likely pay your invoice?  Wire transfer is preferred for orders over $1000.00  Check\_\_\_    Wire Transfer\_\_\_ Date of Transfer\_\_\_\_\_\_\_\_  (email Bristian Justice: [bjustice@hsph.harvard.edu](mailto:bjustice@hsph.harvard.edu) for wire info)  Harvard Internal Payment\_\_\_\_  (Harvard Affiliated Only. email Bristian Justice: [bjustice@hsph.harvard.edu](mailto:bjustice@hsph.harvard.edu)for account string)  **\*\*NOTE: All payments MUST have an identifier in the memo;** **NQSC (Invoice #);B.Justice 2-7866.** |

We accept payments by check, wire transfer, or Harvard Internal Payment (Harvard Affiliates only).

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[lwolfert@hsph.harvard.edu](mailto:lwolfert@hsph.harvard.edu)**. \*\*Please do not send the Billing form for order requests to Bristian Justice.**

Please make checks payable to Harvard University.

DO NOT USE W9 Address as mailing address

**SEND PAYMENT to:**

**Harvard T.H. Chan School of Public Health**

**ATTN Bristian Justice**

**Nutrition Department-Finance**

**Bldg.2, 3rd floor**

**665 Huntington Ave.**

**Boston, MA 02115**

MEMO: **NQSC (Invoice #);B.Justice 2-7866**

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| SUBMITTING REQUEST FOR NUTRIENT ANALYSIS  Number of data sets attached:  Please circle the format you would like to receive: **EXCEL ASCII**    Please provide the filename(s) of submitted data:   |  |  | | --- | --- | |  | Rate per Batch | |  | | FILENAME: | $6.00 per record |   **TWO** Email Addresses for Data Return: |

List variables to be analyzed: