**This request must be approved by a person in a “Lead” role, (Director, Asst. Director, Project Leader, Clinical Trial Mgr, Lead CRA, etc.) Submit the form through the Service Now “Request for CTMS” form. Please attach the approval email and this form to your request.**

**A separate form must be completed for each individual user.**

|  |  |
| --- | --- |
| **Approved By**: | **Date:** |
| **Title:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **User Information** | | | | | |
| **User Name (John Smith):** | **Organization**  **Affiliation**: | **Employee Category:** | **Net ID (JNB123):** | **Email Address:** | **Phone:** |
| **DCRI Start Date:** | **Functional Group:** | **Functional Group**  **Start Date:** | **Nursing Experience:** | **Other Clinical Experience:** | **Pre-DCRI Monitor Experience (Yrs):** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Protocol Name(s)** | **Add/Remove**  **Protocol Access** | **Protocol Removal Date**  **(If applicable)** | **DCRI Departure Date**  **(If applicable)** | **Trip Report Approver** | **Unblinded**  **CRA**  **(If appropriate)** | **Access Type** | **Protocol Role**  **(Select one for each Protocol listed)** |
|  | Add  Remove  Add  Remove  Add  Remove  Add  Remove  Add  Remove  Add  Remove  Add  Remove  Add  Remove |  |  |  |  |  |  |

**The CTMS Access Form may also be used to remove Protocol access for a CTMS user. Complete the User Name, Protocol Name(s), Add/Remove Protocol Access, Removal Date and DCRI Departure Date (if applicable) fields only and email to DCRI Service Desk.**