**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.**