|  |
| --- |
| **WakeHealthLink Research Study Monitor Access Request Form** |
| This form must be completed by the authorized WFBMC employee who is coordinating the study monitor access in order to document the request for and approval of access to WakeHealthLink. Study monitors must follow all HIPAA regulations and terms of the study sponsor’s contract with WFUHS when utilizing WakeHealthLink.**When completed, please email a PDF of this form to the following email addresses:** **jbmoore@wakehealth.edu** **or** **dwesley@wakehealth.edu****.** |
| Part 1: Study Information (Please list the study for which monitor access is needed): |
|  Study Title:          IRB Number: IRB Expiration Date:              Date Access Needed (Please allow 5 working days for processing):      Study Team Contact name: Contact E-mail: Office Telephone: Office Fax: (WFUBMC Employee)            (      )      -      (     )      -      |
| Part 2: Study Principal Investigator Information: |
| Name of Study PI: Department             PI E-mail: PI Telephone:       (      )      -      -      |
|  Part 3: Individual Study Monitor Security Request: |
| Please fill out for each Study Monitor needing access. Legal names must be used for each user listed below. |
| First Name: Middle Name: Last Name: Credentials:                        Study Sponsor:       E-mail Address: Confirm E-mail Address:            |
| First Name: Middle Name: Last Name: Credentials:                        Study Sponsor:       E-mail Address: Confirm E-mail Address:             |
| First Name: Middle Name: Last Name: Credentials:                        Study Sponsor:       E-mail Address: Confirm E-mail Address:             |
| First Name: Middle Name: Last Name: Credentials:                        Study Sponsor:       E-mail Address: Confirm E-mail Address:             |
| Part 4: WFBMC IRB Authorization Signature: |
| IRB Administration: I agree that the above named individual(s) has(have) appropriate authority to access patient records for the reason indicated above.Print WFBMC IRB Staff’s Name WFBMC IRB Staff’s Signature Date |
|  |
| Wake Health Internal Use Only: |
| Date Request Received Received By Date Activation Sent to Users |