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| **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.  **After completing this form save it. Then go to the** [**WakeHealthLink Access Request**](https://wakehealth.service-now.com/sp?id=sc_cat_item_guide&sys_id=f925fb211b0dff44b3f3ecadee4bcba3) **form in Service Now. Select “Research/IRB” and fill out the requested information. At the bottom click on “Add Attachments” and attach this saved form.** |
| 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 14 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: |
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| Wake Health Internal Use Only: |
| Date Request Received Received By Date Activation Sent to Users |