



Green Clinical Solutions

Form #: DM-F029.1
Title: EDC User Access Request Form
Effective Date: 28-Feb-2014

Please send the completed form to 410-527-0724 (fax) or sitesupport@h2oclinical.com

Sponsor: Ferring International Pharmascience Center US, Inc.

Protocol Number: Mesalamine 000174

User Requiring Access: Date: DD-MMM-YYYY

Form with fields: First Name, Middle Initials, Last Name, User's Phone #, User's Email, Site Personnel, Site #, Site Name, CRA, Other, Company Name.

Roles and Access:

Table with columns: Application, Access and Roles (Check one only), Other, Details. Includes checkboxes for Oracle inForm, Site Coordinator, Investigator, CRA/Monitor, Data Manager, Read-Only, Access Change, Account Termination.

Training Information:

Form with fields: Did the User Complete EDC Training? (Yes/No/N/A), If Yes, Date Training Complete: (DD-MMM-YYYY), Trained by: (Webinar/CRA/Other).

Requestor Contact Information:

Form with fields: Print Name, Title, Signature/Date Signed (DD-MMM-YYYY), Phone #, Email Address.

FOR H2O USE ONLY

Sent Username and Password to: User Requestor Other:

Sent by:

Form with fields: Print Name, Title, Signature/Date Signed (DD-MMM-YYYY).