

Cleveland Clinic Department of Quantitative Health Sciences (QHS)
PVDOMICS Study

Database Account Request Form

This form is completed for study personnel who need a PVDOMICS Database Account for data entry. Signed, completed forms can be scanned and emailed to pvd-systems@bio.ri.ccf.org.

Part A: Privacy agreement

I am a non-PVD, non-QHS employee participating in a research study for which the QHS Clinical Trials Design and Analysis Section serves as a Data Coordinating Center (DCC) for the PVDOMICS Study. I agree to comply with all of the Data Coordinating Center (DCC) requirements governing the access and use of the study computing system. I understand that I must maintain confidentiality of all study information regardless of its form – verbal, written, or computerized. I am aware that the privilege of accessing the DCC's computer system will be revoked should I not comply with these policies or should I use the data for other than its intended purpose.

I confirm that **I will not let anyone else use my account or share my username and password** with anyone.

Signature of person requesting database account

Date signed

Part B: Requestor Information (Please print clearly.)

1. **First Name:** _____

2. **Last Name:** _____

3. **Email address:** _____

4. **PVD Clinical Center Number:** _____ **and Name:** _____

5. **Phone number (in case DCC staff members have questions)** _____

For the following questions: (Circle all that apply)

6. **Primary role in PVDOMICS:** Study Coordinator Data Entry Other: _____

7. **Add to study alias(es)?** Coordinators Center Reports Center Inquiries Other: _____

8. **Add to address directory?** No Yes

Part C: DCC Use Only:

Database Access: ☐ RDP10

DCC Approval Signature

Date signed

___ PVD_Personnel table

USERID: _____

___ Grant access [de, study]

PWD: _____

___ Alias(es) updated

___ Address Directory updated