

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

Secure Data and Documents Account Request Form

This form is completed by study personnel who need an account to securely transfer images and documents to the DCC Cores via the Data Coordinating Center (DCC) secure portal only. *Do not use this form to request access to the PVDOMICS Study database.*

Scan this completed form and email to pvd-systems@bio.ri.ccf.org (or fax to the PVD Data Coordinating Center at Fax: 216-445-2781.)

Privacy agreement

- I am a non-PVD, non-QHS employee participating in the PVDOMICS Study for which I agree to comply with all of the DCC requirements governing the access and use of the secure transfer portal. 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 portal 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 secure portal account

Date signed

Requestor Information (Please print clearly.)

1. First Name: _____

2. Last Name: _____

3. Email address: _____

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

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

DCC Use Only:

DCC Approval Signature

Date signed

___LRI Request

USERID: _____

PWD: _____