UC Health

EpicCare Link RESEARCH SITE ADMINISTRATOR Access Request Form

This form to be completed by Research Site Administrators that need access to the UC Health EpicCare Link system. Failure to complete any section of the form may result in a delay in account setup. Please select the purpose of this request below:

☐ This form is for a new remote monitoring request and will be uploaded and signed within Footprints.
☐ This form is for a Site Administrator change and will be signed by the Office of Clinical Research Manager listed below and emailed to *UCH-EPIC-CARE-LINK@UCHealth.com.*

Research Site Administrator Demographic Information

First Name: _____   Middle Initial: _____   Last Name: _____

Last 3 Of SSN: _____   Complete Date of Birth: _____   Work Email Address: _____

Your Role (check one):
☐ Site Administrator **ONLY**
☐ Site Administrator **AND** Research Coordinator

Reason for request (check one):
☐ Oversight of Research Study Monitors
☐ Backup Site Administrator

Department Name: _____

OR, Enter the name of the Site Administrator this person will be replacing

First Name: _____   Middle Initial: _____   Last Name: _____

UC Health Lawson Number: _____   Epic Login ID: _____

Study Information

Please list the information for the research study this Site Administrator will be responsible for. A Footprints build request must be made for every study that is to utilize remote monitoring. If this form is for a Site Administrator edit, list all studies that currently utilize remote monitoring that this Site Administrator will be responsible for.

IMPORTANT: Ensure the studies listed here are as they appear in Epic (ex. PI-Shortname-Site). If there are multiple sites in Epic, please make sure to indicate that below. DO NOT LIST STUDIES THAT ARE NOT IN EPIC AND/OR DO NOT HAVE REMOTE MONITORING AGREEMENTS IN PLACE.

Study Name	Sponsor	IRB #	Remote Monitoring Agreement CWMS	Outside Monitoring Entity (company that will access record)

Disclaimer and Signature

As an employee of the Office of Clinical Research, I certify that the answers above are true and complete to the best of my knowledge.

As an employee of the Office of Clinical Research, I also understand this application for access is subject to review by UC Health and does not guarantee access to UC Health's EpicCare Link System. I understand that I CANNOT SIGN MY OWN ACCESS REQUEST.

Office of Clinical Research Signature: _____   Date: _____

Print Name: **Maria Stivers**   Title: **Manager – Office of Clinical Research**

Work Phone: **513-585-8210**   Work Email Address: **Maria.Stivers@UCHealth.com**