

ClinCard Access Request Form

Please fill out electronically, or print legibly, then send to ClinCard@rbhs.rutgers.edu

All fields are required.

1) User Information

Date: _____ NetID: _____

Name: _____ Network: _____

Department: _____

Work Email: _____ Phone Number: _____

Work Address: _____

City: _____ State: _____

2) User Access - Specify the access roles which the user will need (chose all that apply):

- Study Coordinator - Ability to authorize payments and reimbursements to study participants.
- Approver – Ability to serve as a secondary approver for payments and reimbursements when required (*Requires approval of RBHS CTO and/or Research Dean at School/Unit*)
- Reports - Ability to run various reports (*Requires approval of RBHS CTO and/or Research Dean at School/Unit*)

3) Study Information - Which studies should this user have access to? Please use the ClinCard study name.

(Note that all new users must be listed on the ClinCard User/Approver list for each study – see clincard.rutgers.edu for more information.)

By signing, you agree to use the ClinCard application in a manner that is consistent with applicable University policies pertaining to information technology and the conduct of clinical research.

Signature: _____ Date: _____

Immediate Supervisor/Manager (Print): _____ Date: _____

Immediate Supervisor/Manager (Sign): _____ Date: _____

ClinCard Administrator Signature (Office Use Only): _____ Date: _____