

Oncore Access Request Form

Please fill out electronically, or print legibly.

All fields are required.

1) User Information

Name: _____ Date: _____

NetID: _____ Affiliation: _____

Job Title: _____ Department: _____

Email: _____ Phone Number: _____

Epic Username: _____ NPI (providers only): _____

Degree(s)/Credential(s): _____

2) User Access - As part of my job duties, I expect to... *(select all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Create Protocols | <input type="checkbox"/> Document Subject Visits |
| <input type="checkbox"/> Modify Protocol Information | <input type="checkbox"/> Be a Principal Investigator |
| <input type="checkbox"/> View Protocol Information | <input type="checkbox"/> Assign Tasks & Due Dates to Users |
| <input type="checkbox"/> Document Regulatory & IRB Items | <input type="checkbox"/> Enter Financial/Budget Information |
| <input type="checkbox"/> Register Subjects to a Protocol | <input type="checkbox"/> Send Bills to the Sponsor and/or others |

3) Signatures

By signing, you agree to be in compliance with the applicable university policies regarding research prior to using the OnCore Application.

Signature: _____ Date: _____

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

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