

VelosCT USER & ACCESS REQUEST FORM
Research Information Systems

Date: New User Edit Existing User

System Request:

Name: Position:

Dept./Section: Phone: (617) -

For ease of system access, please provide your BMC username and email. If you do not have a BMC username, please provide your work email:

BMC Username:

Email:

VelosCT Role:

- Study Coordinator
- Administrator
- Research Nurse
- PI
- Non-System User
- Other

If other, please specify:

I attest that I have attended the VelosCT Training Program

Print Name & Title

Date

Note: Please send completed form to Clinical Trial Office (CTO@bmc.org), or directly to the VelosCT trainers, via email. Once access is granted, please work with the study team(s) to become added to the specific study(s) you need access to.

<p>RBI/CTO Use Only:</p> <ul style="list-style-type: none"> <input type="checkbox"/> VelosCT Training Completed <input type="checkbox"/> VelosCT Training Attestation Checked <input type="checkbox"/> Added to VelosCT Security Group <input type="checkbox"/> Confirmed user is only granted role requested in VelosCT <input type="checkbox"/> Notified User of VelosCT Access
