

CTRC REDCap System Access Request Form

Please complete this form together with PI signature and fax it to 310-794-6289 or email a pdf copy to redcap@mednet.ucla.edu.

Dept: _____

Name: _____

Phone: _____

Email: _____

**Please use email from your business entity. Requests with public email (yahoo, gmail...etc) will not be processed.*

Do you have an AD account? Yes No **AD Username:** _____

**If you do not have an AD account, please include your UCLA HR HIPAA certificate with your account request. The certificate can be obtained after completing the training and quiz at <https://hshr.mednet.ucla.edu/s/trainings/policiesprocedures/publish/ocr.htm>*

UCLA ID (9 digit): _____

UCLA Status: Career Per Diem Contractor Student **End Date:** _____

If user is not affiliated with UCLA, please fill out the following additional information and email a pdf of the IRB approval from that institution for the project if you have not previously done so.

Institution: _____

IRB #: _____

Approval Date: _____ **Expiration Date:** _____

By signing this agreement, the Redcap user agrees to abide by the following:

1. If the project for which REDCap will be used involves human subjects research (per the U.S. Department of Health and Human Services (DHHS) Code of Federal Regulations definition), it must be approved by the Institutional Review Board (IRB) before the project is moved to production and data collection can commence. If the project is a multi-site study, the project owner attests that appropriate IRB and regulatory approvals (non-UCLA) have been obtained prior to requesting access for the additional site(s).
2. If the project for which REDCap will be used involves animal subjects, it must be approved by the Institutional Animal Care and Use Committee (IACUC) (per the U.S. DHHS NIH Office of Lab Animal Welfare policy) before the project is moved to production and data collection can commence. If

the project is a multi-site study, the project owner attests that appropriate IACUC and regulatory approvals (non-UCLA) have been obtained prior to requesting access for the additional site(s).

3. Access to REDCap projects is dependent on the completion of a REDCap User Access Request Form for each new REDCap users as well as the REDCap Project Access Request Form for the respective projects. The REDCap Project Access Request Form defines all study team members, data access groups, project roles and access to specific aspects of REDCap functionality. The user permissions listing must identify who has access to any PHI that may be collected. This listing must be completed by the project owner, and must include information for all study team members interacting with REDCap. This listing can be resubmitted as needed.
4. The project owner must submit a REDCap Project Access Request Form and IRB approval before the project can be moved to production and data collection can commence. Additionally, the project owner will provide the CTRC with any additional information required for the CTSA Annual Report to the National Institutes of Health (NIH).
5. Users will be held fully accountable and responsible for actions initiated under their username or electronic signatures.
6. Any publications resulting from the use of REDCap to collect and manage data should include the following CTSA acknowledgement *"The project described was supported by the National Center for Advancing Translational Sciences (NCATS), National Institutes of Health (NIH), through grant UL1TR001881."*
7. Any publications resulting from the use of REDCap to collect and manage data should include the following REDCap citation:

Paul A. Harris, Robert Taylor, Robert Thielke, Jonathon Payne, Nathaniel Gonzalez, Jose G. Conde, Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr; 42(2):377-81.

I, the undersigned, _____ confirms that the information
Print your name
provided are truthful and have read and agreed to the UCLA CTRC Redcap User Agreement.

User Signature: _____ Date: _____

WARNING: It is a HIPAA violation to use someone else's User ID. Collecting research data without first obtaining IRB approval is a violation of HIPAA and UCLA policy!

CTRC REDCap System Project Access Request Form

Please complete this form together with PI signature and fax it to 310-794-6289 or email a pdf copy to Martin Lai at mylai@mednet.ucla.edu.

Project Name: _____ External Internal

1) Name: _____ D.A.Grp.: _____ Add Remove Modify

User Rights: Design Analyze Entry Acc. Exp. Date : _____

2) Name: _____ D.A.Grp.: _____ Add Remove Modify

User Rights: Design Analyze Entry Acc. Exp. Date : _____

3) Name: _____ D.A.Grp.: _____ Add Remove Modify

User Rights: Design Analyze Entry Acc. Exp. Date : _____

4) Name: _____ D.A.Grp.: _____ Add Remove Modify

User Rights: Design Analyze Entry Acc. Exp. Date : _____

5) Name: _____ D.A.Grp.: _____ Add Remove Modify

User Rights: Design Analyze Entry Acc. Exp. Date : _____

6) Name: _____ D.A.Grp.: _____ Add Remove Modify

User Rights: Design Analyze Entry Acc. Exp. Date : _____

7) Name: _____ D.A.Grp.: _____ Add Remove Modify

User Rights: Design Analyze Entry Acc. Exp. Date : _____

8) Name: _____ D.A.Grp.: _____ Add Remove Modify

User Rights: Design Analyze Entry Acc. Exp. Date : _____

I, the undersigned, _____ in my capacity as Principal Investigator (PI)

Print your name

hereby authorize the people above to access the named project in the UCLA CTRC REDCap System to conduct research activity.

PI's signature: _____ Date: _____

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User Profile and Rights

Profile/Rights	Design	Entry	Analyze
Project Design and Setup	Yes	No	No
Calendar	Yes	Yes	Yes
Data Export Tool	Yes	No	Yes
Data Import Tool	Yes	Yes	Yes
Data Comparison Tool	Yes	No	Yes
Logging	Yes	No	Yes
File Repository	Yes	Yes	Yes
User Rights	No	No	No
Data Access Groups	Yes	No	No
Reports and Report Builder	Yes	No	Yes
Record Locking Customization(if used)	Yes	No	Yes
Lock/Unlock Records(if used)	Yes	Yes	Yes
Records	Create	Create	Create