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| **UCLA– New Research Monitor eBinders (non-PHI) Request Form** |
| Name (first name, last name) | Date: |
| external e-mail address: | start date for remote monitoring: |
| Title: | End date for remote monitoring: |
| Company: | Do you already have eBinder access to another study? – Y/N |

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| **Study Details\*** |
| Study Name: |
| Study Sponsor: | IRB#: |
| Study Start Date: | Study End Date: |
| Study Coordinator (SC):  | SC Phone: |
| SC Email:  |  |
| \*If monitoring multiple studies, please add additional sections. |  |

**User Agreement**

By signing this User Agreement, I acknowledge that I understand and agree to the responsibilities regarding access and protection of confidential information as follows:

1. It is understood and agreed that except as required by law, I will use and hold all study information in strict trust and confidence, and will use such information only for the purposes contemplated herein, and not for any other purpose.
2. I acknowledge that it my responsibility to respect the privacy and confidentiality of study information received from UCLA. I will not access, use or disclose confidential study information unless I am authorized or permitted to do so by law. I further understand that I am required to immediately report any information about unauthorized access, use or disclosure of confidential study information to UCLA.
3. I agree to not disclose the study information to any other individuals.
4. Neither the release of any study information hereunder or the act of disclosure shall constitute a grant of any license under a trademark, patent, or copyright or application of the same.
5. If my employment or association with the study terminates for any reason during the course of my access to UCLA eBinders, I will not attempt to access any information on the UCLA eBinders site after my termination.
6. I will safeguard and will not disclose my access codes, passwords or any other authorizations I may have that allow me to access eBinders to anyone. I will accept responsibility for all activities performed under my access codes, passwords or other authorizations.
7. I will not use the access codes or passwords of another individual to access eBinders.
8. I understand that my activities and access to eBinders are monitored and audited by UCLA.

**I hereby acknowledge that any breach of the responsibilities and/or conditions of the terms of my access as defined above may be subject to access suspension, employer notification and disciplinary action, and may be subject to civil and/or criminal charges, as applicable. Reinstatement of suspended access will be subject to the requirements, training and fees associated with new user access, as determined at UCLA’s discretion. I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.**

**Signature of Person Receiving Access**

(“User” Signature)

(Print Name)

Date: