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| **UCLA– New Research Monitor HealthLink Request Form** |
| Name (first name, middle name, last name) | Date: |
| secret word: | external e-mail address: |
| Title: | start date for remote monitoring: |
| Company: | End date for remote monitoring: |
| SIGNATURE: |  |
| Do you have A UCLA AD account? Circle yes or No |  yes NO |
| If yes, provide UCLA AD account |  |

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| **Study Details\*** |
| Study Name: |
| Study Sponsor: | IRB#: |
| Study Start Date: | Study End Date: |
| Study Coordinator (SC):  | SC Phone: |
| SC Email:  |  |
|  |
| 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. |  |

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| **Access Approval (For UCLA Use Only)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name and Title |  Comments: |