



Research Access Request

Non-IU Health Employees

Please review IU Health Information Services Policies before requesting access.
Return completed forms to IU Health Data Security, by emailing your forms to Helpdesk@iuhealth.org

Please print legibly and complete all information. Incomplete requests will be returned.
Access must be renewed every year before March 1st.

Circle one: **New** (Complete All Sections)

Renewal (Sections 1 & 3 only) Check if you use self-service:

For new access - Required Documents: ___IRB Approval Letter___ Data Stewardship Agreement
(Only include 1 of the IRB protocols if you are working on multiple studies)

Section 1

Date of Request: _____

Legal Name _____ Credentials / Title _____
Last First MI

Last 5 SSN: _____ Date of Birth: _____

Department: _____

Work Phone Number: _____ Work Email: _____

IRB Number: _____ Doctor's / PI Name: _____

Section 2 (New or Change Requests only)

Access Requested (NO VPN Access allowed)

NT (IUH Windows Login) Radiology Images Access (PACS Access) CAP Access

Cerner Access (Select ONLY one)

AMB: Research Clinical AMB: Research Non-Clinical AMB: Oncology Nurse

View Only Research Monitor (Gen: External User / Proxy List)

Section 3

Required Signature

Requests must be approved by an IU Health Credentialed Physician (who may also be the Principal Investigator), IU Health Manager, or IU Health Director.

Signatory is:

- IU Health Manager or Director**
- IU Health Credentialed Physician**

Name (Printed legibly): _____

IUH Employee ID#: _____

Phone No.: (_____) _____

E-mail: _____@_____

Signature: _____

Date: _____

THIS SECTION COMPLETED BY DATA SECURITY

User Identification _____ Password _____

Request Implemented by _____ Date _____