

RESEARCH SYSTEMS ACCESS REQUEST FORM
UC Davis Data Coordinating Center (DCC)
UC Davis Health System (UCDHS) - Division of Burn Surgery
2425 Stockton Blvd, Suite 555, Sacramento CA, 95817

Please complete the upper half of this form and fax or email to the UC Davis Data Coordinating Center.
Fax: (916) 703-9124 **Cover Sheet required - ATTN: Deb Lee**
Email: deborah.lee@ucdmc.ucdavis.edu
If you have any problems or questions, call 916 703-9111.

Authorize **Modify** **Revoke**

NAME: *(Please Print)* _____
(Last) *(First)* *(M)*

Company Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Email Address: _____

Time Zone: PST MST CST EST Other Zone _____

Request or Revoke Access To The Following Systems:

- Velos eResearch – (Data Collection System)
- SAGE – (Burn Diagramming Program – ACT Study Only)
- Other _____

User Access Level Needed:

- Data Entry - Register Patients, Collect Data, Enter Case Report Form Data and/or Diagrams
- Primary Investigator On A Study (PI)
- Statistician
- Auditor/DSMB/IRB
- Other _____

List Studies To Access*

*Access permission(s) are approved by each PI on a study-by-study basis.

Study Name: _____

Access Start Date: _____ Access End Date: _____

Study Name: _____

Access Start Date: _____ Access End Date: _____

Study Name: _____

Access Start Date: _____ Access End Date: _____

****FOR UCDHS INFORMATION SERVICES USE ONLY****

UCDHS/DCC MANAGER OR CHAIR: *(please print)* Lawless, MaryBeth
(Last) (First)

Cost Center: burn103 Phone: (916) 453-2133

DCC Mgr Signature: _____ Date: _____

User Name: _____ Date Issued: _____

Process Completion Date: _____ By: _____