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| **Section I: Study Information** |
| **1. Study Name\* (Acronym):**       |
| **2.** **Study Code\*\* (from Epic):**       |

#  **Section II: Epic User Information**

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| **Name (last, first & middle initial**  | **First initial of mother's maiden name** | **DOB****(mm/dd)** | **Phone** | **Email** | **Type of Access Needed:** -**Monitor Access****-Coordinator (Non-RN)****-Coordinator (RN)****-Enroll/Complete Patients Only** | **Access Required Date**  | **Requested Termination Date** **\*If applicable** | **Canvas Training Completion Date****\*New Coordinator Only Requests** | **E-Coach Trainer & Completion Date****\*Enroll/Complete Patient Only Requests** |
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| **Section III: Instructions** |
| Please email this request to OSF.CRBO@osfhealthcare.org |
| \*New Coordinator Only - Please list all studies that should be assigned in Epic. Please clarify if new coordinator should be listed as a coordinator or other contact on each study.  |
| \*\*N/A for new Coordinator |