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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](mailto: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 | | | | | | | | | |