

Download this form before entering data.

Study Monitor Visit Request Form

For questions call 402-559-7685

Research Monitor

Last Name:

First Name:

Job Title:

Sponsor Represented:

Company employed by:

Phone:

(this will be used for DUO 2-Factor Authentication)

Email:

Is this your first visit monitoring this study?

Yes

No

Access Requested

Study Name:

IRB#:

Name of PI:

Visit Start Date:

Visit End Date:

Brief description of what you want to review during your visit:

Monitor to Complete

Charts Requested (Subject ID)

Columns to be completed by the Study Coordinator

Medical Record #

Subject Initials

First monitor visit for this study?
← Click to open Confidentiality Agreement
(wet signature required)

For use by Admin Team only

Requester/Authorization

Requester:

Phone:

E-Mail:

Signature of Requester:

I authorize the named individual to access One Chart/Vestigo/Advarra systems to review patient and regulatory information. This access is based on our responsibilities to provide access to monitor studies for which we are contracted. I will take responsibility for the individual named. I will also be responsible to be aware of the monitor's activity in One Chart and will ensure no copying or printing of patient information occurs.

To Be Completed Prior to Sending to Access Coordinator

- Confirm Study Monitor Visit Request Form has been signed by Study Coordinator
- Attach Signed Confidentiality Agreement (completed for initial visit)
 - If not attached, is a Signed Confidentiality Agreement already on file? Yes No
- Provide AD account username: _____
- For on-site visits, confirm monitor has registered in SEC3URE (formally known as REPtrax - policy MS40)