

## PRC Server Account Request Form

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Campus Information:

UMnet Email: \_\_\_\_\_ SOP Account: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_

Address: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Please Specify Affiliation:

- Faculty       Fellow/Post Doc       Staff       PharmD Student  
 Resident       Graduate Student       Visiting Scholar

Account Type:       Funded      Account No: \_\_\_\_\_

Data Access Requested: \_\_\_\_\_

Project Title: \_\_\_\_\_

Resource Requested:    SAS       SAMBA

Forms Completed:    HIPAA<sup>1</sup>    CITI<sup>2</sup>    Confidentiality Statement<sup>3</sup>    Data Access Agreement<sup>4</sup>

Signatures:

I am responsible for protecting the confidentiality of the information pertaining to any School of Pharmacy, UM Contract. Unauthorized use or disclosure is subject to legal penalties. By signing, I acknowledge that I have reviewed and will abide by the Good Research and Data Security Practices outlined by PHSR.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRC Authorizing Signature

\_\_\_\_\_  
Date

<sup>1</sup> Copy of HIPAA Completion Certificate is required.

<sup>2</sup> Copy of CITI Completion Certificate within the past 3 years is required.

<sup>3</sup> Completed Confidentiality Statement for each data source to be used for this account.

<sup>4</sup> Completed Data Access Agreement for those accessing CMS data.