



## NAPRTCS Website (NAPRTCS.org) and Advantage eClinical Data System Access Specification Form

Please complete the information below to acquire access to the NAPRTCS website and/or the Advantage eClinical Data System from the NAPRTCS Data Coordinating Center (DCC) per the instructions below. Submission of this form confers agreement to the following:

1. Each individual who requires access to the NAPRTCS website and/or the Advantage eClinical Data System will be provided a unique access code by the DCC for each system.
2. Individuals will be instructed to keep access codes confidential, as is required by law and regulations.
3. Each individual requiring access to the NAPRTCS website and/or the Advantage eClinical Data System, will require Principal Investigator approval.  
**IMPORTANT:** All signatures require a wet signature.
4. Completed forms should then be scanned and emailed to [NAPRTCS\\_DM@emmes.com](mailto:NAPRTCS_DM@emmes.com). The original wet signature form should be kept in your site's files.
5. The DCC will be notified when access to the system is no longer required by an individual.

**Center #:** \_\_\_\_\_

**Center or Committee Name:** \_\_\_\_\_

**Name of PI (Print):** \_\_\_\_\_

**Signature of PI:** \_\_\_\_\_

Signature must be completed in blue or black ink. Digital signatures will not be accepted.

I authorize the following individual(s) at \_\_\_\_\_ to have access as follows:

