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

Please complete the information below to acquire access to the NAPRTCS/SCOPE website and/or the Advantage eClinical^{SM} Data System from the 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/SCOPE 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/SCOPE website and/or the Advantage eClinical Data System, will require Principal Investigator approval.
   IMPORTANT: All signatures require a wet signature.
4. Each individual requesting access to the NAPRTCS Advantage eClinical Data System has been added to site's roster and IRB. For requests to the NAPRTCS Advantage eClinical Data System, please submit a copy of your site's IRB approval letter with this form.
5. Completed forms should then be scanned and emailed to Danielle Lang (lang@naprtcs.org) and Sara Boynton (sboynton@naprtcs.org) if requesting access to NAPRTCS systems, or to Megan Esporas (Megan.Esporas@childrenshospitals.org) if requesting access to SCOPE systems. The form should be sent to both parties if access is simultaneously being requested for both registries. The original wet signature form should be kept in your site's files.
6. The DCC will be notified when access to the system is no longer required by an individual.

Center #: _____

Center or Committee Name: _____

Participating in: ☐ NAPRTCS   ☐ SCOPE   ☐Both

Name of PI (Print): _____

Signature of PI: _____
Signature must be completed in blue or black ink. Digital signatures will not be accepted.

Date (DD-MMM-YYYY): _____

I authorize the following individual(s) at_____ to have access as follows:

Center #: _____   Center or Committee Name: _____   PI: _____   Date:_____

Full Name (Print)	Email Address	NAPRTCS				SCOPE		
		NAPRTCS.org (Reports)		Advantage eClinical (Data Entry)		NAPRTCS.org (Reports)	Advantage eClinical (Data Entry)	
		Website Access	Access to Website Reports	Read/ Write	Read Only	Access to Website and Reports	Read/ Write	Read Only