

CRN Clinical Research – Assist (CR-Assist)
Study Setup form

Instructions: This form should be completed electronically by the main study coordinator or the principal investigator. The entire form should be emailed back to emily.zeigler@emory.edu. The last page of this form, System Access, must be signed and dated by the principal investigator and fax transmitted to 404-727-5563

Protocol ID: _____

IRB Expiration Date: _____

Protocol Short Name (< 50 characters): _____ (To be displayed on the top of the web page)

Protocol Acronym (< 11 characters): _____ (To be printed on labels. All Upper case. The only special character allowed is a period)

Protocol Title: _____

Principal Investigator / Admitting Physician: _____

Main Study coordinator / Research Project _____

Manager Name & Contact Info: _____

Study Start Date _____

Approximate study End date _____

Study Duration _____

Estimated no. of subjects screened _____

Estimated no. of subjects enrolled _____

CRN sites _____ (*EUH, EUHM, Grady, CHOA, Lab only*)

Is the study federally funded? (yes/no) _____

Recruitment period (in years) _____

Is this an HIV study? (yes/no) _____

Is this a Clinical Trial? (yes/no) _____ If yes, please note phase

Is this a pediatric study? (yes/no) _____

Will this study use REDCap? (yes/no) _____

System Access form

Protocol ID

(IRB#): _____

Please fill in the information below for each person who would need access to the study data.

Last Name	First Name	Display Name	Emory Network ID	Role or Job Title in the study	Contact Email Address	Web Access (Y/N)	Primary Site E =Emory CRN G= Grady CRN Other, please specify	Allow to see subject identifier (Y/N)	Allow to add/change data? (Y/N)	Allow to delete Data? (Y/N)	With Admin privilege* ? (Y/N)

* A user with admin privileges has access to study setup and user maintenance functions.

I agree to notify the CRN when there is any need to change the above system access privilege or remove any personnel from the access list, using the System Access Add/Change/Remove Form.

Form Completed By: _____

Investigator Signature: _____

Date: _____

**** Please submit completed form to Emily Zeigler @ emily.zeigler@emory.edu**