

**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)