

**GCRC Clinical Research Assist (CR-Assist)**

**System Access Add / Change / Remove form Instructions:**

This form should be signed and dated by the principal investigator and emailed back to [GCRC@EMORY.EDU](mailto:GCRC@EMORY.EDU) .

IRB Number: \_\_\_\_\_

Protocol Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal Investigator: \_\_\_\_\_

I am requesting the following person's system access privileges be  
ADDED  CHANGED  REMOVED  (must check one)

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 (EUH = Emory, EUHM--Emory Midtown ,  
G = Grady , P = Ponce Center, H = Hope Clinic,  
ECC = Emory Children's Ctr, Eg = Egleston, N = non-  
GCRC site, Other - please specify): \_\_\_\_\_

Allow access to schedule? (Y/N) \_\_\_\_\_

Allow access to add/change data? (Y/N) \_\_\_\_\_

CITI Certified? (Y/N) \_\_\_\_\_

CITI Expiration Date \_\_\_\_\_

**If you are adding a new person, is the person replacing someone else in your team? If yes, please list the person being replaced below.** His/her system privileges will be removed.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Emory Network ID: \_\_\_\_\_

Form Completed By: \_\_\_\_\_

Investigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_