PROMETRIKA D2d Tufts Medical Center

Account Activation Training Form

To Be Completed by the user			
Sponsor	NIDDK / Tufts Medical Center	**Protocol #**	D2d study
User Account Information			
First Name	Ryan	**Last Name**	Graham
Email	Ryan.Graham@pbrc.edu		
Telephone	225-763-3074	**Fax**	**225-763-3022**
Principal Investigator Name:		Jeffrey Bray	
Investigator Site Number		12	
Training Information			
Have you completed any RAVE/Medidata related eLearning, Webinar, or Instructor Led training courses?		☐ Yes X No	
If yes, please attach the certification of all the courses you have taken and/or your training record (instructor's name, signature, and training date are required on the training record).			
Statement of Understanding			
I understand that execution of this form constitutes my acknowledgement that I am being provided with an account name and password, which constitute an electronic signature. I accept that my electronic signature is legally binding and equivalent to my written signature. I understand that I am responsible for data entered into the Medidata Solutions Clinical Research Application under my account name and password. I understand that sharing of passwords is illegal, and agree to keep my password secret. I agree to report any suspected fraudulent use of electronic systems to the sponsor immediately.			

User Name	**Signature**	**Date**
Ryan.Graham@pbrc.edu Research Project Assistant (lab)	Ryan Graham	7/21/14
Print Name & Title	Authorized Signature	(dd-MMM-yyyy)

Please forward this completed and signed form to Patricia Sheehan (PSheehan1@tuftsmedicalcenter.org). Upon Sponsor approval, you will receive an email from a generic Medidata account with user information.

To be Completed by Authorized Sponsor Personnel			
I have verified above information is accurate and have indicated the role user should be granted as follows:			
Environment (Prod, Training, UAT)		**Access Role to be granted** (CRC, RA, RA-Lab, PI-Blinded, CRA, PM, DM, Safety)	
Authorized Sponsor Personnel		**Authorized Signature**	**Date** (dd-MMM-yyyy)
Name			
E-mail			
Title/Project Role		Phone#	