

## **Dana Farber/Harvard Cancer Center (DF/HCC) OnCore Access Request Form for BWH Users**

1. The user completes the [DF/HCC Policy Training and Signature Record](#) that is maintained by their manager.
2. PI completes form below, saves to computer, prints, and signs document
3. PI opens an [IS Service Hub](#) ticket, selects "Fix an Issue", completes applicable fields, adds "OnCore-DFCI" to "Application in Use" field, and copy/pastes information from the box below into "Describe your issue below" ticket field.  
**The ticket contact information must be the approver OR the ticket must contain the approver's information in the description. (In most cases, the PI is the approver.)**
4. RIO assigns role-specific OnCore training to User in HealthStream.
5. User notifies RIO when training is complete to obtain access, RIO assigns OnCore user-role

Place an "X" next to the OnCore Role for which training and access are being requested (see User Roles Guidance Document for additional information):

\_\_\_\_\_ Coordinator (register subjects only, must be listed as protocol staff)

\_\_\_\_\_ BWH Enhanced Coordinator (register subjects AND update protocol staff if already listed as staff on protocol)

\_\_\_\_\_ BWH Research Manager (register subjects AND update protocol staff for any protocol in the management group)

Place an "X" next to the study team role:

\_\_\_\_\_ Lead Study Coordinator

\_\_\_\_\_ Study Coordinator

\_\_\_\_\_ Research Manager

Primary Institution: Brigham and Women's Hospital

First Name:

Middle Name/Initial:

Last Name:

User Work Email:

Title:

Earned Degrees (credentials):

Disease Program (Department):

Management Group:

Office Location:

User Work Phone:

MGB User ID:

Has the staff member ever worked for another MGB or DF/HCC site before?

If so, has the staff member ever used a different name while employed at another MGB or DF/HCC site?

**PI Attestation: By signing below, I attest that I have reviewed the *DF/HCC Policy Training and Signature Record* presented by the user named above seeking access to OnCore and confirm that the user has been trained on the DF/HCC Policies and SOPs and meets the qualifications for the role requested on this form.**

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Principal Investigator