

RCHSD Research Access Request Form



Instructions:

- 1) Complete the form below. Obtain the signature and signature date of the RCHSD Principal Investigator (PI) and of the Applicant for whom access is being requested. The PI must be either (1) a member of the RCHSD Medical Staff who will oversee all RCHSD-related research involving the individual for whom access is being requested; or (2) an RCHSD employee who is listed as the PI on the IRB application.
- 2) **ALL FIELDS MUST BE COMPLETED AND LEGIBLE. THE APPLICANT MUST BE AN IRB-APPROVED MEMBER OF THE STUDY TEAM, AND THE PI/SPONSOR MUST BE AN ELIGIBLE PRINCIPAL INVESTIGATOR AT RCHSD PER POLICY CPM 11-92. THE PROJECT MUST ALREADY HAVE RECEIVED AN RCHSD "READY-TO-ACCUE" LETTER.**
- 3) The PI will send the completed, scanned form to Anita Murray: smurray1@rchsd.org using the PI's RCHSD or UCSD address. The Form will not be processed if the PI is not the sender.
- 4) Submit a separate email for each Applicant and include the Applicant's name in the subject header.
- 5) If the PI's business entity will be requesting computer access for the Applicant, the business entity should upload a copy of the Research Access Request Form when entering the request via the Service Desk web portal. If the Applicant is a UCSD employee, indicate "UCSD" under Company in Fieldglass.
- 6) The processing time usually ranges from 3 to 8 weeks. Add another 2 to 3 weeks if an amendment request needs to be submitted to the IRB to add the Applicant to the study team.

Applicant Information (Applicant=Person for whom access is being requested)	
Request is for:	☐ New Request ☐ Renewal RCHSD User ID:
Name	
Alternate contact email (Non - Rady Children's)	
Position	
Department at RCHSD that you will be working with?	
Phone	
Last 4 digits of Social Security Number	
What is your pet's name?	
Date of Birth (MM/DD/YYYY)	
Address (Number, Street, City, State)	
RCHSD Principal Investigator Information	
Name of RCHSD PI (Person who is sponsoring the Applicant)	
RCHSD PI's email (List RCHSD or UCSD email address)	
What is the RCHSD PI's business connection with RCHSD?	☐ Medical Staff Member ☐ RCHSD employee ☐ CASRC Investigator/Other UCSD Faculty
RCHSD Research Administration project number(s) (List all)	
IRB number(s) (List all, in same order as project numbers)	
RCHSD campus access requests	☐ Badge ☐ Parking ☐ Remote Access (please note reason for remote access)
RCHSD IT requests	☐ Email ☐ Epic ☐ ChartMaxx ☐ Merge PACS ☐ E3 M365 Office License
Start and end dates for which the Applicant will need access	Start: _____ End: _____
Applicant's Statement	
I have read the above, and the information stated about me is accurate and complete.	
Signature _____	Date: _____
RCHSD Principal Investigator's Statement	
I agree to all the following:	
1) I will oversee all research activities by the above-named Applicant that involve RCHSD.	
2) I will inform the Applicant about all applicable RCHSD policies and procedures and ensure that the policies and procedures are adhered to regarding the Applicant's research involvement at RCHSD.	
3) I will ensure that the Applicant completes the Research Administration Orientation , and all other required training.	
4) I will be legally, personally, and fiscally responsible for any RCHSD policy violations or infractions committed by the above-named individual. I understand that any breaches may result in my termination from the Medical Practice Foundation, the Medical Staff, or RCHSD employment.	
5) I will notify my RCHSD business link (Medical Practice Foundation, Medical Staff Office, Outpatient Psychiatry, or RCHSD Director, as applicable) and Hospital Billing (858-966-7772) within 2 business days if the Applicant (1) is no longer connected with a particular project; (2) starts working on a new project not listed above; or (3) terminates altogether.	
Signature _____	Date: _____

Research Access Request Flowchart for Non-RCHSD-Employed Study Personnel

