



DF/Net Research, Inc.
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*When complete, email to:
the study Data Manager at DF/Net*

DF/Net External User Account Request for site staff

Name:	Marina Van Staden
E-mail address:	marina.vanstaden@ppdi.com
Telephone number:	
Study site name:	PPD Monitor
Study [or Network (for SCHARP staff)] name(s):	All HVTN studies
DataFax Version:	2014.0.0
Type of account:	<input checked="" type="checkbox"/> New (I have not had access to iDataFax in the past): <input type="checkbox"/> I already have an iDataFax account and need to access a new study iDataFax User Account Log-In Name (if known): _____
Type of access:	<input type="checkbox"/> iDataFax: EDC_open <input type="checkbox"/> iDataFax: EDC_view <input checked="" type="checkbox"/> iDataFax: Monitor_view <input type="checkbox"/> iDataFax: view <input type="checkbox"/> iDataFax: PM_view <input type="checkbox"/> iDataFax: SAP_open <input type="checkbox"/> iDataFax: CASA_open <input type="checkbox"/> iDataFax: MEDSUP_open <input type="checkbox"/> Other, specify: _____

Authorization: To be signed by study sponsor representative.

Printed Name: Jessica Andriesen	Signature:	Date:
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Performed By: To be signed by DF/Net representative.

Printed Name:	Signature:	Date:
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Training materials provided, initials/date: