

## **REDCap SYSTEM REQUEST**

PI'S NAME:			
PI'S EMAIL:			
PI'S TELEPHONE #			
PROJECT TITLE:			
USER ACCESS NAME (if different th	an the PI)		
(if different than the PI):			
USER ACCESS TELEPHONE # (if different the PI)	erent than		
USER ACCESS UNLV STATUS:	🗌 Faculty 🗌 Admin Fa	🗆 Faculty 🗆 Admin Faculty 🗆 Contractor	
	□ Student End Date_	-	
		NOT affiliated with UNLV (fill out additional fields below)	
DEPARTMENT:			
PI's TELEPHONE #:			
If user is not affiliated with UNLV, please fill out the following information and attach a PDF of the IRB			
approval from the institution of record.			
INSTITUTION:			
IRB #:			
APPROVAL DATE:	PROVAL DATE: EXPIRATION		
	DATE:		
PI Signature: Date:			
Please email form to redcap.admin@unlv.edu			
FOR OFFICE USE ONLY			
Date Received:	Date Access Grant	Date Access Granted:	
IRB Coordinator Name (Print):			
IRB Coordinator Name (signature) & Date:			
Access to REDCap no longer needed, submit to <u>redcap.admin@unlv.edu</u>			
Reason for Termination of RedCap Ac			
Removal Request Submitted By	Date Removal Request Submitted	Date of Access Terminated	