

Application for Registration, Re-registration or Deregistration of a User Access for the DZHK-IT infrastructure

To apply for a new access or a change to an existing access or to deregister, please fill out this form, have it signed by the coordinating investigator of the study or another authorized person from the project and send it by email to the DZHK.

email: infrastruktur@dzhk.de

Information on the user							
last name:			first name:				
phone number:			email-adress:				
enrolling study			Project / DZHK-				
centre, location:			study:				
Trusted Third Party (TTP or THS)							
Are there PCs	Are there PCs for which existing client certificates are to be used?						
yes (please	e specify below)		no				
computer name			computer name				
computer name			computer name				
Would you lik	e to have new client certificates is	ssued?					
yes (please specify below)		no					
computer name		External IP address (result of the TLS1.2 test https://browser-test.med.uni-greifswald.de/)					
				-			
				-			
				-			
I hereby confirm the accuracy of the above information. The client certificates are used exclusively in the							
context of the specified DZHK study for communication with the DZHK trusted third party.							



Application: Infrastructure access

Clinical Data Mana User role in the CDM	agement System (CDMS	S or DH, secuTrial®)				
clinical investigate	_	☐ biomaterial registration				
observer		_				
other						
inactive						
_	User may create new patients in the st	tudy database.				
	User may create new visits and record and edit patient data. User may sign forms and release them for further quality assurance (Review A).					
	User may create new patients in the study database. Users may create new visits and record and edit patient data. User may completely clarify the data entry of a form and release it for further verification					
	(DEC: Data Entry Complete). User may enter biomaterial data for a	patient.				
observer	User may open the patient's visit plan					
other	Please only specify defined roles from	the rights and role concept of your study.				
inactive	User will be deactivated in all centres of	or which they are members.				
study nurse other	∐ MTLA	monitor				
other						
inactive						
	ment sample receipt, centrifugation, a	ument, provide information on blood collection/urine delivery. liquoting, storage, retrieval and transfer of samples and create new storage structures for				
monitor User may view other Please specify of	all process steps. defined role from the rights and role co ted for all DZHK studies.	oncept of your DZHK study.				
! If the process steps Study Nu	ırse and MTLA are performed by one p	person, this person can apply for access for both roles!				
Image Data Mana User role in the IDMS	•	aka. BDMS, TrialConnect)				
clinical investigate	or study nurse	imaging analyst				
monitor	coordinating inv	restigator				
other						
inactive						
clinical investigator study nurse imaging analyst monitor coordinating investigator other	User downloads image data and fills an User can raise queries, which are then User receive extensive rights	institution and uploads DICOM files. (Study Centre) and signs eCRFs; sends queries on image data to the study centers if necessary. answered and closed after possible queries and new answers. ghts and role concept of your DZHK study.				
! If a person is to perform the	activities of study nurse and clinical in	vestigator, this person may request access for both roles!				



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We attach great importance to data protection. The collection and handling of your personal data is performed according to the current <u>General Data Protection Regulation (GDPR)</u> in the extent necessary for the execution of the respective project/clinical study. Please find further information on our data protection regulations at <u>dzhk.de</u> at the <u>imprint</u>.

With your signature on this form you confirm that you consent to the processing of your personal data according to the above mentioned conditions

Applicant / user signature:								
Authorization and Confirmation of the Correctness of the Content of the Application name of authorized person:								
date/location:		Signature of authorized person:						
To be filled in by DZHK System staff!! Area for Application Processing								
	dion Frocessing	nuncia aku						
date of receipt:		project:						
IT-system:	THS] DH LIMS	BDMS					
factually correct:	☐ ja ☐ nein							
note:								
processed by:								
date/location:		signature:						

Filling Instructions

Information on the user

First and last name: of the user, who wants to use the client certificates.

Phone number: The user can only request the passwords for installing the client certificates from this telephone connection.

email address: The client certificates are sent to this e-mail address. Please use business addresses only. One client certificate per PC is sent to the user by e-mail.

Enroll site: Address of the enroll site where the computer for which a client certificate is required are located.

Study: Name of the study for which client certificates are to be used.

Trusted Third Party (TTP aka. THS)

<u>Are there computer for which existing client certificates are to be used?</u> If a client certificate already exists for a computer and this should now also be used for the user in the study, then check the box and enter the PC name.

Would you like to have new client certificates issued for PCs? If a client certificate does not yet exist for a computer, but participants are to be created with it, then please mark yes and fill in the following table.

Computer name: name of the computer for which a client certificate is required.

external IP-address: IP address of the computer that must be activated for communication with the THS in the firewall of the trustee. You can get it by visiting https://browser-test.med.uni-greifswald.de/ from your computer.

Signatures

<u>Date and user signature:</u> Date and signature of the person named under User's details.

Name of the authorized person: Name of an authorized person for the respective study who releases the request. Authorised persons for a study are the respective central study director as well as persons authorised by him/her (see <u>authorization form</u>).



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