



PRC Server Account Request Form

First Name: _____ MI: _____ Last Name: _____

Campus Information:

UMnet Email: _____ SOP Account: _____

Department: _____ Building: _____ Room: _____

Address: _____ Campus Phone: _____

Please Specify Affiliation:

- Faculty Fellow/Post Doc Staff PharmD Student
- Resident Graduate Student Visiting Scholar

Account Type: Funded Account No: _____

Data Access Requested: _____

Project Title: _____

Resource Requested: SAS SAMBA

Forms Completed: HIPAA¹ CITI² Confidentiality Statement³ Data Access Agreement⁴

Signatures:

I am responsible for protecting the confidentiality of the information pertaining to any School of Pharmacy, UM Contract. Unauthorized use or disclosure is subject to legal penalties. By signing, I acknowledge that I have reviewed and will abide by the Good Research and Data Security Practices outlined by the Department of Practice, Sciences and Health Outcomes Research (P-SHOR).

Account Holder Signature

Date

Principal Investigator Signature

Date

PRC Authorizing Signature

Date

¹ Copy of HIPAA Completion Certificate is required.
² Copy of CITI Completion Certificate within the past 3 years is required.
³ Completed Confidentiality Statement for each data source to be used for this account.
⁴ Completed Data Access Agreement for those accessing CMS data.