# Stephenson CANCER CENTER
*The* UNIVERSITY *of* OKLAHOMA

# Remote Monitor Request Form

**To provide access to remote monitoring at Stephenson Cancer Center all monitors must agree to download the following systems and work with internal IT department for any connection issues.**

Before signing below, please confirm with your IT department if this is acceptable.

Send completed form to Data Specialist to schedule a remote visit.

**VMware Horizon Client:** To remotely view EMR system by creating a network account

**Duo Two-Factor Authentication Account:** An App downloaded on mobile phone or tablet to provide a second form of identification to allow access to network account

Print name

Signiture

Date

# Remote Monitor Request Form

## Personal Information

Name                                                                    Email Address

Organization                                                       Protocol Number

Will your visit **REQUIRE** a Co-Monitor?          No          **Yes**   *Co-Monitor requests require special permission*

Co-Monitor Name

Reason for request

Check this box if you are requesting to reschedule a previously scheduled visit.

## Requests

Which system access and documents do you need while on campus?

Velos (regulatory system)

Electronic Medical Record

Pharmacy Documents

## Visit Details

Preferred remote visit dates (please list 2 potential date options)

First Choice

Second Choice

Which staff members do you need to speak via teleconference with during your remote visit?

Data Specialist

Principal Investigator or Sub-Investigator

Other

Are there any additional details that we need to know about your visit?

*Please e-mail this completed form to the Data Specialist for your study.*