

EMERSE / i2b2 Research Account Request Form

Date:	
REQUEST INFORMATION	
Request Access:	<input checked="" type="checkbox"/> EMERSE <input type="checkbox"/> i2b2/Cohort Discovery <input type="checkbox"/> i2b2 Full PHI
HUM# or Waiver ID:	HUM00090420
Full Study Title:	Comprehensive Cancer Center Clinical Trials Office
HUM Expiration Date:	6/26/2015
Do you have access to MiChart?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION	
Name (<i>Last, First</i>):	
Uniqname:	
UMID#:	
Email:	
Phone:	
Department/Division:	Cancer Center Clinical Trials Office

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