

Directions for Use:

Complete this form only to request, renew or remove access to hardware and software provided by the Division of Biomedical Informatics. **This form is NOT for requesting access to the CCHMC network or other resources provided by the Department of Information Services.** A separate form is available on [CenterLink](#) for these requests.

An authorized supervisor or sponsor must sign this form, and the user must sign the confidentiality agreement before new access or additional privileges can be granted. Please type or print neatly. Fax the completed and signed form to **513-636-2056**.

Type of Access:

New User Modify/Renew Access for Existing User Remove Access

Start Date: _____ Expiration Date: _____

User Information:

New Employee Current Employee UC Employee/Student Consultant/Contractor

Other _____ Employee ID/SSN: _____ Network ID: _____

First Name: _____ MI: _____ Last Name: _____

Dept./Division: _____ Title: _____

Bldg./Fl.: _____ Email: _____

Phone: _____ Pager: _____

Supervisor/Sponsor Information:

Name: _____ Title: _____

Phone: _____ Email: _____

Signature: _____

Reason(s) for Access:

Using the following categories, indicate how the requested hardware/software will be used.

Research _____ % Clinical _____ % Administrative _____ % Educational _____ % Other _____ %

Requested Biomedical Informatics Hardware/Software:

At least one hardware or software request must be indicated for this form to be processed. For new users, select all hardware and software to which the user needs access. For renewals, modifications and removals of existing user access, select only the affected hardware or software.

UNIX Servers:

Genome Keymaker Matrix-C Morpheus Neo-C Niobi Trinity

Software Requirements:

PHP MySQL Perl Java (ver.) _____ Oracle Client Tomcat

C or other programming language _____ Other: _____

Expected Storage Requirements: _____ GB MB

Note: These accounts will expire and be deleted **one year** from their creation unless renewed.

Linux Servers:

SSH Access:

Internal Servers Desktops DMZ Servers

Job Submission Access:

Internal Cluster DMZ Cluster

MySQL

Windows Accounts:

ODBC (With Oracle Client) Searchers Path: _____

Citrix Accounts:

Genomic Apps Protein_Lab BMI Citrix Other: _____

CVS Accounts:

Keymaker Neo-C

Microarray Analysis Software:

GeneSpring MicroArray Suite Signet

Microarray Type(s): _____ (e.g., Affymetrix Mouse MOE430A)

Principal Investigator: _____ Phone/Email: _____

Bioinformatic Software:

Discovery GKP SeqLab SeqWeb Other: _____

Clinical Research Software:

Bio-Repository BSTS-Mol. Pathology Protocol Manager Study Tracking System/Questionnaire Builder

Clinical Effectiveness: CRC Cystic Fibrosis Diabetes JRA

Hyperion Performance Suite:

Research Reports Finance Reports

Note: Users will receive accounts after completing HPS Beginner Training. To register, go to the [ELM on CenterLink](#).

Confidentiality Agreement with Biomedical Informatics:

All personnel requesting access to hardware and software provided by the Division of Biomedical Informatics must complete and sign this agreement. This document serves as a blanket confidentiality agreement for access to current and future systems.

Name (please print): _____

PLEASE READ:

By signing below, I understand and agree that:

- The signon /password assigned to me is unique and is non-transferable.
- I will promptly notify my supervisor and Information Services (Service Desk, 636-4100) if I suspect that someone has gained unauthorized access to my signon / password.
- I am responsible for any information accessed or changed with the use of my signon /password.
- Use of my signon / password in all CCHMC systems is deemed equivalent to my physical signature, and any errors, especially medication errors, electronically signed off, using my password, will have the same legal and medical consequences as errors signed off by me on an equivalent paper form.
- I am responsible for adhering to all CCHMC privacy and information security policies.
- All access to and actions within CCHMC systems will be logged and recorded in accordance with federal regulations and CCHMC policies.
- Accounts can be revoked or locked at any time without prior notice.

Signed: _____ Date: _____

Before submitting this form, verify that:

1. All information is accurate.
2. A supervisor or sponsor has signed Page 1.
3. At least one request for Biomedical Informatics hardware or software has been indicated on Page 2. **This form cannot be processed without these details.**
4. The user has signed Page 3.

Fax the completed form to **513-636-2056**.

For System Administrator Use Only

Access ID: _____ Date Created: _____ Sys. Admin.: _____ Date Provided to User: _____

Access ID: _____ Date Created: _____ Sys. Admin.: _____ Date Provided to User: _____

Access ID: _____ Date Created: _____ Sys. Admin.: _____ Date Provided to User: _____

Access ID: _____ Date Created: _____ Sys. Admin.: _____ Date Provided to User: _____