



HOVON ALEA account request form

Request for user account and declaration of completion of training for ALEA e-CRF

Accounts can only be requested for HOVON studies performed by the HOVON Data Center

User information

Name:	
Personal e-mail address (for user logon):	
Organization:	
Are you already in the possession of an ALEA e-CRF account for any other HOVON study?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Study information

Name of study/studies for which access is required:	
Site name(s): (hospital(s) for which access is required in this study)	
Role in ALEA e-CRF system:	<input type="checkbox"/> Local investigator <input type="checkbox"/> Local sub-investigator <input type="checkbox"/> Local data manager <input type="checkbox"/> Local data manager with registration rights <input type="checkbox"/> Central data manager <input type="checkbox"/> Regional monitor <input type="checkbox"/> Monitor <input type="checkbox"/> Local pharmacist <input type="checkbox"/> Patient registration <input type="checkbox"/> Local cytogeneticist <input type="checkbox"/> Cytogeneticist (reviewer) <input type="checkbox"/> Central lab <input type="checkbox"/> PA reviewer

Agreement

I understand that the user name and password I will receive for my ALEA e-CRF user account constitute an electronic signature. I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I hereby declare that I have reviewed and understood the instructions about the correct use of the ALEA e-CRF system.	
Date:	Signature:

Please send this request to HOVON Data Center by e-mail, using hdc@erasmusmc.nl