



HOVON Local eCRF Account Request Form

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

Accounts can only be requested for HOVON studies performed by HOVON.

User information

Name:	
Personal e-mail address (for user logon) only hospital related email address is allowed, no public free service email address:	
Organization:	

Study information

Name of study/studies for which access is required: (be specific, you can only mention HOxxx)	
Site name(s): (hospital(s) for which access is required in this study)	
Role in ALEA e-CRF system: <i>Please note: only one role is applicable per e- mail address per study.</i> <i>Please see HOVON website for role specifications</i>	<input type="checkbox"/> Site PI (LIREG) <input type="checkbox"/> Local imaging specialist (IMG) <input type="checkbox"/> Local sub-investigator (SIREG) <input type="checkbox"/> Local cytogeneticist (GEN) <input type="checkbox"/> Local data manager (LDM) <input type="checkbox"/> Local breach coordinator (LDMREG) <input type="checkbox"/> Local data manager with registration rights (LDMREG) <input type="checkbox"/> Patient registration only (e.g. study nurse) (REG)

Agreement

I understand that the username 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 that can be found on the HOVON website > General trial info > Trial execution > Data Management info and ALEA e-CRF.	
Date:	Signature:

Please send this request to HOVON by email, using hovon@erasmusmc.nl