



Office of Clinical Research / Center of Research Excellence (CORE)

EPIC Link ACCESS REQUEST for MONITORS

Please provide this information to Researchspecialist@tgh.org to be granted access and copy the study coordinator.

#	Item	Details
1.	Full Name	
2.	Date of Birth	
3.	City of Birth	
4.	Last 4 Digits of SSN	
5.	Email address	
6.	Company Name, Title	
7.	Phone #	
8.	Protocol Title	
9.	Protocol #	
10.	IRB #	