



## 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 HOVON.

#### User information

Name:	
Personal e-mail address (for user logon):	
Organization:	

#### 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:  <i>Please note: only one role is applicable per e-mail address per study.</i>	<table><tr><td><input type="checkbox"/> Site PI</td><td><input type="checkbox"/> Local pharmacist</td></tr><tr><td><input type="checkbox"/> Site PI with registration rights</td><td><input type="checkbox"/> Local imaging specialist</td></tr><tr><td><input type="checkbox"/> Local sub-investigator</td><td><input type="checkbox"/> Local cytogeneticist</td></tr><tr><td><input type="checkbox"/> Local sub-investigator with registration rights</td><td><input type="checkbox"/> Cytogeneticist (reviewer)</td></tr><tr><td><input type="checkbox"/> Local data manager</td><td><input type="checkbox"/> Regional monitor</td></tr><tr><td><input type="checkbox"/> Local data manager with registration rights</td><td><input type="checkbox"/> Central lab</td></tr><tr><td><input type="checkbox"/> Patient registration only</td><td><input type="checkbox"/> PA reviewer</td></tr></table>	<input type="checkbox"/> Site PI	<input type="checkbox"/> Local pharmacist	<input type="checkbox"/> Site PI with registration rights	<input type="checkbox"/> Local imaging specialist	<input type="checkbox"/> Local sub-investigator	<input type="checkbox"/> Local cytogeneticist	<input type="checkbox"/> Local sub-investigator with registration rights	<input type="checkbox"/> Cytogeneticist (reviewer)	<input type="checkbox"/> Local data manager	<input type="checkbox"/> Regional monitor	<input type="checkbox"/> Local data manager with registration rights	<input type="checkbox"/> Central lab	<input type="checkbox"/> Patient registration only	<input type="checkbox"/> PA reviewer
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<input type="checkbox"/> Local data manager with registration rights	<input type="checkbox"/> Central lab														
<input type="checkbox"/> Patient registration only	<input type="checkbox"/> PA reviewer														

#### Agreement

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

Please send this request to HOVON by email, using [hovon@erasmusmc.nl](mailto:hovon@erasmusmc.nl)