**Clinical Research EMR Documentation and Access Guidance**

**Research levels of access**

1. View only
2. Data entry practitioner
	1. Credentialed in some area of patient care
	2. No limit to access period
3. Data entry for CRB
	1. Not credentialed
	2. Limit access period to 6 months
	3. Requires attestation of CRB data entry

**Questions for determining level of EMR access**

1. Will you be entering data into the EMR?
	1. Yes, proceed to question 2.
	2. No, please provide justification for access to the EMR. If approved, read-only access will be granted.
2. Does your role involve patient interaction or patient access?
	1. Yes, proceed to question 3.
	2. No, please provide justification for access to the EMR. If approved, time limited access will be granted.
3. Are you a credentialed practitioner?
	1. Yes, please provide a description of your use of the EMR and your credentialing. If approved, full access will be granted.
	2. No, please provide a description of your use of the EMR. If approved, time limited access will be granted.

**Research note requirements**

* + - 1. Study name
			2. Study protocol number
			3. PI Name
			4. Research contact name/phone
			5. After hours contact name/phone
			6. Date Consent signed
			7. Expected completion date
			8. Optional--Comments (include any possible drug reactions, etc.)