CTRC REDCap System Project Access Request Form

Please complete this form together with PI signature and fax it to 310-79**4-6289** or email a pdf copy to Martin Lai at mylai@mednet.ucla.edu.

Project Name: EGG and Emotionality ☐ **External** ☐ **Internal**

1) Name: Bridget Callaghan **D.A.Grp.:** ☑ **Add** ☐ **Remove** ☐ **Modify**

  User Rights: ☑ **Design** ☐ **Analyze** ☐ **Entry** **Acc. Exp. Date :**

2) Name: Emily Towner **D.A.Grp.:** ☑ **Add** ☐ **Remove** ☐ **Modify**

  User Rights: ☑ **Design** ☐ **Analyze** ☐ **Entry** **Acc. Exp. Date :**

3) Name: Danielle Ladensack **D.A.Grp.:** ☑ **Add** ☐ **Remove** ☐ **Modify**

  User Rights: ☐ **Design** ☐ **Analyze** ☑ **Entry** **Acc. Exp. Date :**

4) Name: **D.A.Grp.:** ☐ **Add** ☐ **Remove** ☐ **Modify**

  User Rights: ☐ **Design** ☐ **Analyze** ☐ **Entry** **Acc. Exp. Date :**

5) Name: **D.A.Grp.:** ☐ **Add** ☐ **Remove** ☐ **Modify**

  User Rights: ☐ **Design** ☐ **Analyze** ☐ **Entry** **Acc. Exp. Date :**

6) Name: **D.A.Grp.:** ☐ **Add** ☐ **Remove** ☐ **Modify**

  User Rights: ☐ **Design** ☐ **Analyze** ☐ **Entry** **Acc. Exp. Date :**

7) Name: **D.A.Grp.:** ☐ **Add** ☐ **Remove** ☐ **Modify**

  User Rights: ☐ **Design** ☐ **Analyze** ☐ **Entry** **Acc. Exp. Date :**

8) Name: **D.A.Grp.:** ☐ **Add** ☐ **Remove** ☐ **Modify**

  User Rights: ☐ **Design** ☐ **Analyze** ☐ **Entry** **Acc. Exp. Date :**

I, the undersigned, Bridget Callaghan **in my capacity as Principal Investigator (PI)**
Print your name
hereby authorize the people above to access the named project in the UCLA CTRC REDCap System to conduct research activity.

PI's signature: **Date:** 3/6/20

CTRC Redcap Access (12/2016) (For Internal Use Only) Processed: