

## Sponsor User Account Creation/Update Form

Please print legibly. All fields required. User accounts should be created or updated with 2 business days.

**Sponsor User Account Creation/Update Process:** 1) Complete this form 2) Data Management or IT processes request and/or provides appropriate training 3) **New Accounts:** email from Rave system is sent ([noreply@mdsol.com](mailto:noreply@mdsol.com)) containing activation code and link to account activation web site 3a) second email sent by GPRD User Management Desk, DM or IT with user name and PIN 3b) user clicks link in first email and enters PIN into activation form (activation code is pre-filled) 3c) user creates their own personal password (six characters of which one must be a number) 3d) new user completes assigned CBT 5) upon completion of all CBTs, user will have access to the requested trial(s): 4) **Current Users:** access Rave and complete any required CBT (if new role assigned) 4a) upon completion of all CBT or if no CBT required, current user will have access to requested trial(s).

☐ New Account ☐ Update Account ☐ Account Termination/Inactivation

**Trial URL:** ☐ Production ☐ Development **Trial Environment** ☐ Prod ☐ Dev ☐ UAT ☐ TRN ☐ Sim ☐ QC

**Trial Name:**

### User Account Information

**First Name:** **Last Name:**

**Requested User Name:** **Note:** usually first initial and full last name; if already in use, a different user name will be assigned. The user name will be included in the PIN email

**Email:**

**Telephone:** **Time Zone:** **Language:**

**User Group requested:** ☐ Administrator ☐ Batch Upload ☐ EDC ☐ EDC and DDE ☐ EDC and Reporter ☐ Study Designer ☐ Superuser  
Most users will have EDC and Reporter role or EDC only role

**EDC Role(s) requested:**  
(based on specific function in the trial)

**Site Number(s):** ☐ All **Specific:**

**Request access to Architect Module** ☐ Yes ☐ No **Architect Module Role:** ☐ Project Analysts ☐ Read Only ☐ Study Developer  
(Must be assigned Study Designer User Group)

### Training Information

**Trial specific training required :** ☐ Yes ☐ No ☐ Unknown

*I understand that execution of this form constitutes my acknowledgement that I am being provided with a user name and PIN. Upon completion of the user activation process and establishment of a personal password, the user name and password constitute an electronic signature. I accept that my electronic signature is legally binding and equivalent to my written signature. I understand that I am responsible for data entered into the Medidata Solutions Clinical Research Application under my account name and password. I understand that sharing of passwords is illegal, and agree to keep my password secret. I agree to report any suspected fraudulent use of electronic systems in accordance with Abbott Laboratories procedures.*

**User Name**

**User Signature**

**Date**

Kanimozhi P

24/JUN/2020  
(dd/MMM/yyyy)

### User's Supervisor's Confirmation/Approval (if necessary)

Print Name & Title

Signature

(dd/MMM/yyyy)

### To Be Completed by Sponsor Trainer/Approver

**Approval**

**Signature**

**Date of Approval**

Print Name & Title

Authorized Signature

(dd/MMM/yyyy)

**Action Taken:** ☐ MUSL sent to GPRD User Management Desk ☐ MUSL uploaded via Rave user upload process  
☐ Account created manually in Rave ☐ Account updated manually in Rave  
☐ Update request sent via email to GPRD UM Desk ☐ Account inactivated manually in Rave