

USIDNET Online Registry Username and Password Application

Name and Title of Applicant	
Position	
Name of the Reporting Institution or Medical Practice	
Address	
Name of Institutional Review Board (local or WIRB)	
Phone number(s)	
Fax number	
E-Mail	

By applying for a user name and password, the user agrees with the following terms and conditions for the use of the USIDNET Online Registry Database.

1. I hereby confirm that I have read the Agreement between USIDNET and an Institution or Medical Practice regarding the USIDNET Online Registry and that I accept the terms and conditions as stipulated in that agreement.
2. I acknowledge that I shall use the user name as well as the password for the USIDNET Registry solely for the purposes as defined in the Agreement. I acknowledge that I shall keep the user name and the password strictly confidential and will not disclose them to any other person within or outside the Reporting Institution or medical practice.
3. I acknowledge that IRB approval for enrolling patients has been obtained and will observe the requirements of the IRB of my institution as well as the data protection regulations of HIPAA.
4. I acknowledge that USIDNET is neither responsible for the correctness or usability of the data within the Online Registry nor for the operation of the database.

I am submitting a request for a user name and password for the USIDNET Registry in the following user-role (user-roles may be combined):

- a. As a Data Approver (who is entitled to enter data into the database, to view that data, and to generate ad-hoc investigative reports using that data).
- b. As a Data Editor (who is entitled to enter data into the database and view the data, and to generate standard reports).
- c. As a Data Reader (who is entitled to view the data and generate standard reports).

Signature of Applicant

Date

I hereby confirm that the User is entitled to have access to the USIDNET Online Database and has received a copy of the USIDNET User Agreement.

Signature of the Enrolling Physician

Please send this application to: USIDNET Registry Manager, c/o Immune Deficiency Foundation
40 W Chesapeake Ave, Suite 308, Towson, Md 21204
FAX 410-321-0293 Register@USIDNET.org

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