1. Login to eService site using your medical center ID. (First letters of your last name followed by a number). URL: https://osumc.service-now.com/

2. After login you will see this page. Select “IT Services” from the menu on the left of the page.
3. From the “IT Services” page select “Account Modification” under the Account Modification Forms section.

4. This will bring you to the “Account Modification Request”, your information will populate from your login information. If any of your contact information is missing you will need to complete the form to move on.
5. Scroll down the page to the “Supervisor Information for “Requested For” Individual” section, and complete this with your research mentors information. You can do a search by your mentor’s last name by clicking on the magnifying glass icon or by typing in the information. Do the same for the box asking for “Model Existing MedCenter Logon ID” –this does not mean you will be granted the same access as your mentor, but it allows the compliance office to understand why you are accessing the data you are accessing.

6. Select Yes for the question “is access for research”

7. Under Clinical Access select IHIS
8. Scroll back to the top of the page and select “Order Now” from the item order box.

9. This process sends your request to the OSU COM Office of Clinical Research. You will then be asked to submit the IHIS Clearance document.

10. Submit your IHIS Clearance form by emailing the completed form Meliha.Rahmani@osumc.edu with a cc to Research.Education@osumc.edu.

11. If you have any questions about this process please email the contacts above.
Information to Provide the Compliance Office:

Research Training
1. Date CITI Training Completed: ___/____/_____
   (Office of Responsible Research Practices)
2. Date HIPAA CBLs Completed: ___/____/_____
   (NetLearning)
3. Date IHIS Training Completed: ___/____/_____
   (medSTAR)

Research Project (complete with research mentor)
1. Provide IRB Approval Numbers: -
2. Describe the individual’s research role for each study listed: (May Include: Data Collection, Consent ing, Specimen Collection, Research Billing, Performing Research Specific Tests, etc...)
3. Does the study have a signed protocol specific HIPAA Authorization Form Obtained Prior to Accessing Individual Patient Information? Yes / No
4. Does this study have an approved waiver of HIPAA Authorization: Yes / No
   ● If Yes, please attach a signed copy of the approved waiver
5. Describe plan to ensure PHI is secure and confidential: *(for example on a password protected computer in a locked office or in a locked cabinet in a locked office)*


Medical Student Signature: ________________________________________________________________

Date: ____/_____/______

Research Mentor (PI) Signature: __________________________________________________________

Date: ____/_____/______