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 “Submit a Request” from the menu on the page.

3. From there select “Account and Access”
4. From there select “General Accounts and Access Request”

5. Your information should populate here, if it does not you will need to enter your contact information in the spaces provided.

   a) Supervisor Manager information: enter your mentors name (if you do not have their OSUMC user name you can do a search by clicking on the search icon and typing in their last name)
   b) Cost Center Fund Information: enter 25073 for Department and 011000 for Fund
   c) Desired start date: enter today's date
   d) General System Access: enter your research mentors information (if you do not have their OSUMC user name you can do a search by clicking on the search icon and typing in their last name) *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. You will then be asked to enter the date you completed your HIPPA CBLs and if you will be using a P drive (personal drive) to access the network and/or your email.

7. No Business application is needed
8. Under Clinical Application select “IHIS”
9. Because each project is unique you will have to decide if access to the patient photo application is necessary.
10. The practice area will be dependent on your project (most fall under other) and the staffing role for IHIS access in “Research Staff”

11. For Research Monitor select NO

12. You will then have to complete information on your background check, drug screening and vaccinations (all thing you have already completed for medical school) the dates should be available on Medstar or Vitals or you can provide a date if you know it.

13. Enter the IRB approval number and select yes for key personnel.

14. HIPPA authorization will be specific to your project.

15. Check all that apply for the functionally needed (this will be different for each project)

16. Describe your storage data plan, for example encrypted data storage, passwords, locked cabinets, etc.

17. For the justification you are a medical student joining a college of medicine funded research project that (add short description of your project and what you will be doing on the project)

18. After the page is complete scroll back to the top of the page and select “order Now” (if you are missing any necessary information it will not let you complete the order)
Information needed during application process:

Research Training

1. Date HIPAA CBLs Completed: ___/____/_____
   (NetLearning)

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, Consenting, 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)

____________________________________________________________________________________
____________________________________________________________________________________

6. IHIS Functionality Needs: (May Include: View and/or Print Records, Document in the Record, Associate Patients to Studies for Research Billing, Complete Research Billing Work Queues, Schedule Research Subjects)