**Duke ClinCard System**

**Site Coordinator Request Form**

The purpose of this form is to assign or remove the Site Coordinator role for the Duke ClinCard System. All users must complete appropriate training in the LMS prior to the form being submitted. Training should be coordinated through your Site Administrator or Business Manager. Research Practice Manager/Assistant Research Practice Manager/Lead Coordinator, Financial Practice Manager/Cluster Financial Practice Manager, or Department/Division Business Manager approval and signature are required.

**Role Description**

The Site Coordinator will have access to add a participant to a study, assign a ClinCard, request payments for participant/subject, and potentially request and sign for ClinCards.

Department Name

Division/Cluster (required - if applicable)

Business Manager Name

Add

Remove

Effective Date

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Duke Unique ID** | **Date Training Completed** | **Proof of Completion Attached** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Requestor Name Requestor Signature Date

Authorized Name and Title Authorized Signature Date

Please submit this completed form to ClinCard Requests at [ClinCard Requests@duke.edu](mailto:ClinCard%20Requests@duke.edu)