

REGISTRY USER DETAILS							
TITLE:	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> A/PROF	<input type="checkbox"/> PROF
FAMILY NAME:							
GIVEN NAME(S):							
EMAIL ADDRESS:	<i>(EMAIL ADDRESS REQUIRED FOR SENDING LOGIN DETAILS, PASSWORD RETRIEVAL & NOTIFICATION OF SYSTEM UPDATES, OUTAGES, ETC.)</i>						
PHONE NUMBER:					MOBILE NUMBER:		
PREVIOUS VCOR USER ACCOUNT?	<input type="checkbox"/> No	<input type="checkbox"/> Yes →	<i>NB: IF A VCOR USER ID HAS ALREADY BEEN PROVIDED, PLEASE ENTER VCOR USER ID FOR IDENTITY VERIFICATION BELOW AND LIST OTHER SITE(S) WHERE YOU ARE REGISTERED</i>				
OTHER VCOR SITES (IF KNOWN)							
USER IDENTITY VERIFICATION * PLEASE SEE OVERLEAF FOR AN EXPLANATION OF USER IDENTITY VERIFICATION *							
USER IDENTIFIER: VCOR ID OR OTHER ID					IDENTIFIER TYPE:		
IDENTIFIER ISSUER:							
SITE & USER INFORMATION							
SITE DETAILS							
VCOR MODULE(S):	<input type="checkbox"/> PCI	<input type="checkbox"/> CIED (IMPLANTABLES)	<input type="checkbox"/> ACUTE STEMI REGIONAL VIC	<input type="checkbox"/> HEART FAILURE			
SITE NAME:							
DEPARTMENT:					POSITION:		
USER DETAILS:							
USER ACCESS LEVEL:	<input type="checkbox"/> DATA MANAGER <small>(VIEW/EDIT/DELETE/ SUBMIT/UNLOCK/REPORTS)</small>	<input type="checkbox"/> DATA COLLECTOR <small>(VIEW/ADD/EDIT)</small>	<input type="checkbox"/> PCI CLINICIAN <small>(CARDIOLOGIST) (READ ONLY & REPORTS)</small>	<input type="checkbox"/> REPORT MANAGER (ADMIN) <small>(READ ONLY, RAW DATA EXTRACTS & REPORTS)</small>			
DECLARATION							
I HAVE READ AND UNDERSTOOD THE NATIONAL STATEMENT ON ETHICAL CONDUCT IN HUMAN RESEARCH (2007) AND AGREE TO UNDERTAKE ALL VCOR RELATED ACTIVITIES IN ACCORDANCE WITH THE CURRENT PROTOCOL AND PROVISIONS OF THE REVIEWING HUMAN RESEARCH ETHICS COMMITTEE (HREC), KEEPING WITH THE THERAPEUTIC GOODS ADMINISTRATION'S GUIDELINES FOR GOOD CLINICAL PRACTICE. I ALSO AGREE TO ABIDE BY NATIONAL AND LOCAL PRIVACY REGULATIONS SET OUT IN ALL RELEVANT PRIVACY LEGISLATION RELATING TO HANDLING AND MANAGING HEALTH INFORMATION (E.G. HPP 7 IN THE HEALTH RECORDS ACT 2001 (VIC), VIPP 7 IN THE INFORMATION PRIVACY ACT 2000 (VIC) AND NPP 7 IN SECTION 95A OF THE PRIVACY ACT 1988 (CTH).							
VCOR USER SIGNATURE:						DATE:	
AUTHORISATION †							
ROLE OF PERSON AUTHORISING ACCOUNT:	<input type="checkbox"/> SITE DATA MANAGER		<input type="checkbox"/> SITE PRINCIPAL INVESTIGATOR		<input type="checkbox"/> VCOR ADMIN		
I VERIFY THE IDENTITY OF THE INDIVIDUAL REQUESTING ACCESS TO VCOR IS TRUE AND CORRECT. I PERMIT THIS PERSON ACCESS TO VCOR DATA AND AUTHORISE FOR A VCOR USER ID AND ACCOUNT TO BE CREATED BASED ON THE USER ACCESS LEVEL OUTLINED ON THIS FORM.							
† PLEASE SEE OVERLEAF FOR AN EXPLANATION OF USER ACCESS LEVELS & AUTHORISATION RESPONSIBILITIES							
PRINT NAME:							
SIGNATURE:						DATE:	
OFFICE USE ONLY <input type="checkbox"/> USER ACCOUNT CREATED							
COMPLETED BY:	USER ID CREATED:				DATE:		

VCOR USER REGISTRATION

Any request for access to VCOR data will be considered according to *VCOR Data Access & Research* and *VCOR Data Security* policies. Any personnel with access to data must be aware of, and agree to comply with state and federal privacy legislation, the NHMRC's National Statement on Conduct in Human Research and Therapeutic Goods Administration's guidelines for Good Clinical Practice.

USER IDENTITY VERIFICATION

The identity of each registering VCOR user must first be verified to ensure that strict protocols for data security are maintained. When registering for a user account, users must provide an appropriate form of identification to the person authorising the account.

APPROPRIATE IDENTIFIERS

Appropriate identifiers for clinicians, medical professionals and nursing staff are registration or membership numbers recognised by the Australian Health Practitioner Regulation Agency. For non-medical staff, the most appropriate identifier is their hospital staff ID number. This must be verified by the person authorising the account.

NB: If a VCOR User ID has previously been issued, please enter this as your Identifier.

USER IDENTITY VERIFICATION		
IDENTIFIER TYPE	IDENTIFIER ISSUER	USER IDENTIFIER EXAMPLE
NURSING REGISTRATION NUMBER	NURSING & MIDWIFERY BOARD OF AUSTRALIA	NMW0001111111
MEDICAL REGISTRATION NUMBER	MEDICAL BOARD OF AUSTRALIA	MED000999999
HOSPITAL STAFF ID	ST JOSEPH'S HOSPITAL ELWOOD HILLS	SJ111111X
VCOR USER ID	VCOR	NAMEID

USER ACCESS LEVELS

It is important for Principal Investigators to carefully consider the user access levels allocated to site staff. Data Managers have access to verify and submit data for VCOR reporting, delete cases, extract raw data, run summary reports and unlock submitted cases. **It is recommended that only one (1) person per module per site is ultimately responsible for Data Manager duties.** Data Collectors have access to view, add and edit data until it is submitted to the database. PCI Clinicians have read-only access and will be able to run summary reports on their own patient data (PCI module only). Report managers have read-only access to data, can extract raw data and site reports (where available).

AUTHORISATION

All new user accounts must be authorised by an approved, existing VCOR personnel. A Principal Investigator must approve and verify ID for a new Data Manager and Report Manager roles, while Data Managers may authorise and verify ID for Clinician or Data Collector user accounts.

DELETING VCOR USER ACCOUNTS

When a staff member is no longer involved with VCOR (e.g. termination of employment, or changes to employment status, etc.) the account must be deactivated immediately. Site Data Managers or Principal Investigators are responsible for notifying VCOR in writing (vcor@monash.edu) within seven (7) days of the end of the user's involvement with the project.

MORE INFORMATION

All requests for new user accounts and/or deletion of accounts are managed by Monash University's Clinical Informatics and Data Management Unit (CIDMU) within the Department of Epidemiology & Preventive Medicine.

Users will receive an email with their User ID and a temporary password within five (5) business days from the date the request was received. When first logging into the VCOR system, users will be prompted to change their password and set up a security question. Please refer to the *VCOR Data Entry User Guide* for instructions on logging in for the first time.

Please return the completed application by email or post to:

Attention:	VCOR
Post:	C/- Department of Epidemiology & Preventive Medicine Monash University The Alfred Hospital Commercial Road MELBOURNE VIC 3004
Email:	vcor@monash.edu
Phone:	+61 3 9903 0302