User Information

Study Information (to be completed by NAMSA – partial information is not accepted)	
Sponsor:	Penumbra, Inc.
Study:	Japan Indigo PMS
System:	iMedNet

User Information (to be completed by NAMSA or user – partial information is not accepted	必須項目
Name:	
Email:	
Study Role:	医師の方はInvestigator、それ以外の方はStudy Coordinatorを選択してください。
Site Name/Number:	施設をご選択ください。
Check this box to confirm user review prior to signing	☑ **I (user) confirm the above information is correct.**

Electronic Record Policy

- Each user of the system will be assigned a unique user ID and password.
- All data changes that occur within the system are stored in an audit trail.
- Signing an electronic record is equivalent to a handwritten signature and is legally binding.
- The application of an electronic signature indicates all data has been reviewed for completion and accuracy.
- The user is responsible for changing password immediately, and notifying NAMSA if there is suspicion it has been shared or stolen.
- Under no circumstances should a user ever “loan” his or her user ID and/or password to someone else, or leave the software unattended while logged in. allowing others to make unattributed entries.

User Acknowledgement

By signing this form, I acknowledge that I have read and agree to comply with the above policy and I understand that I am responsible for all data entry and/or approval that occur under my user ID and password. I acknowledge that, by signing this form, I am or will be providing personal data to NAMSA for processing and that NAMSA complies with national, regional, and state data privacy regulations as it relates to the processing of any personal data. I further acknowledge that if I have any privacy concerns, I can contact NAMSA at privacy@namsa.com. If my e-mail address changes, I will notify the applicable System Administrator.

Note: A handwritten wet signature, 21CFR Part 11 compliant DocuSign signature, or 21CFR Part 11 compliant Adobe Sign signature is required in this section. Non-compliant electronic signatures will not be accepted.

Signature: _____ Date: _____ 必須項目

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Always verify revision prior to use.

Session Information

Instructor(s): Watch and Acknowlegde

Training Topic/Purpose: iMedNet Training

必須項目

Training Date:

Training Content:
(e.g. document number / title, course name, etc.)

RC iMedNet Training Videos
* Research Coordinator Introduction
* General Navigation
* Subjects, Records and Statuses
* Entering Subject Data
* Query Management
* Dashboards and Reports
* eCRF Completion Guidelines

必須項目

Trainee Information

Name:

Signature / Date:

必須項目

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