

## Current SysBioCube User

### SysBioCube Account Access Modification Request

The following form should be used if you are seeking access to data for a study you do not currently have access to. Fill in and return to Dr. Jessica Calzola at [jessica.m.calzola.ctr@mail.mil](mailto:jessica.m.calzola.ctr@mail.mil). Be sure the appropriate lead PI signed the form.

**Name (First and Last):** \_\_\_\_\_

**Username (Email):** \_\_\_\_\_

**Requested Study:** \_\_\_\_\_

*Be sure the study name matches the SysBioCube Study Name. It is best to confirm this information with the lead PI.*

**Reason for Request:**

**Lead PI Name:** \_\_\_\_\_

As a lead PI, I hereby approve giving access to data for the study called \_\_\_\_\_, to the individual designated in this form for an unlimited period of time, or until I revoke access. I understand that by signing and authorizing this form, I am responsible for ensuring this individual has been appropriately trained to work with the project data, has the right to access the data and that I have the authority to grant such access.

I designate the individual should have access to data as follows:

All Study Data

Limited Study Data

For limited study data access, please provide details on access limitations defined by metadata parameters (e.g., Strain, Species, Group, Experiment, Data Type, Tissue):

**Lead PI Signature:** \_\_\_\_\_

*Note: If signed manually, rather than in Adobe, please be sure to include a date.*

This application has been reviewed by a SysBioCube administrator and approved. The signature below indicates the account was updated, as requested.

**SysBioCube Team Signature:** \_\_\_\_\_