

**JABSOM Department of Medicine
TrinetX Account Request Form**

Please complete the form, save it and send it as an attachment to uhdomed@hawaii.edu.

Requestor:

Requestor email:

Requestor contact address:

Requestor phone #:

Request Date Requestor:

Name Primary Affiliation: (JABSOM, HPH, or QMC)

Department or Division:

Title (Allied health, Medical student; Resident; Assistant, Associate and Full Professor):

Affiliated only with medicine

Affiliation with QMC

Additional Information:

If student, resident or allied health, Who is the name of your mentor:

Primary Mentor contact information:

Address:

Phone #:

Email:

List all member of research team and their affiliation:

Attestation of completion of UCR SOM - TriNetX Summer Bootcamp 2025, Six sessions:

Week 1 (6/23) – Navigating TriNetX and Developing a Project

<https://www.youtube.com/watch?v=-vm1KD0siUo>

Week 2 (6/30) – Defining and Exploring Cohorts

<https://www.youtube.com/watch?v=z-6qlr4rTQO>

Week 3 (7/7) – Comparing Cohorts and Propensity Score Matching

<https://www.youtube.com/watch?v=RGsaBMuWv1g>

Week 4 (7/14) – Conducting Outcomes Analyses

https://www.youtube.com/watch?v=_po1Bf6q0dk

Week 5 (7/21) – Cox Proportional Hazards Models and Treatment Pathways Tools

<https://www.youtube.com/watch?v=AZLIERaIAoQ>

Week 6 (7/28) – Posters, Manuscripts, and Writing Tools

<https://www.youtube.com/watch?v=VudCYfY4ry0>

Signature:

Date:

Attestation that requestor has completed Citi Training modules:

Completion of CITI Human Subjects Research training

Biomedical and biological responsible conduct of research

Conflict of interest

Non-exempt Biomedical Researchers and Key Personnel
Non-exempt Biomedical Researchers and Key Personnel IPS
HIPAA

Signature:

Date:

Attestation to Human Subjects Policies

I understand that I am responsible for ascertaining and adhering to any policies put forth by TriNetX, HPH, QMC or the John A. Burns School of Medicine in relation to presenting, publishing, or disseminating findings based on the data from the platform.

Signature:

Date:

Attestation to Access and Data Use Policies

I understand that I must adhere to JABSOM Department of Medicine policies related to accessing TriNetX, including 1) securing my own username and password against theft, 2) preventing others from using my username or password to access TriNetX, or 3) keeping data downloaded from TriNetX in secured locations. My account will come provisioned with access to JABSOM and HPH/QMC networks.

Signature:

Date:

Attestation to policies governing presentation at conferences and publications in journals

I understand that all presentations and publications that utilize TriNetX data must be presented first at the University of Hawaii Department of Medicine (DOM) Internal Medicine Research Interest Group (IMRIG) meeting.

I understand that I should contact the DOM Residency Program staff at uhimrp@hawaii.edu to schedule an IMRIG session. These meetings provide an opportunity to discuss project concepts, review data analysis plans, and receive feedback and support prior to presentation or publication.

Signature:

Date: