



# NeoIPC

## NeoIPC Surveillance System User Access Request Form

Institution and Country: \_\_\_\_\_

NeoIPC Surveillance Partner Code: \_\_\_\_\_

I hereby ask you to add/remove access to my department's data in the NeoIPC Surveillance Data Management Platform at <https://neoipc.charite.de> for the listed persons.

User Information (please fill in the table below):

First name	Last name	Position	E-mail address	Action
				<input type="radio"/> Give access <input type="radio"/> Remove access
				<input type="radio"/> Give access <input type="radio"/> Remove access
				<input type="radio"/> Give access <input type="radio"/> Remove access
				<input type="radio"/> Give access <input type="radio"/> Remove access
				<input type="radio"/> Give access <input type="radio"/> Remove access
				<input type="radio"/> Give access <input type="radio"/> Remove access
				<input type="radio"/> Give access <input type="radio"/> Remove access

I confirm that the persons listed above agree that their contact information is processed and stored in Charité's data management systems for the purpose of maintaining the NeoIPC Surveillance System and supporting its users.

\_\_\_\_\_  
Date

Please click submit or send the form  
to [neoipc-support@charite.de](mailto:neoipc-support@charite.de)

\_\_\_\_\_  
Name and Signature by authorised Person  
(hospital's representative or project manager  
as named in the cooperation agreement)



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No. 965328.