|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-02445 (01/2019) | **STATE OF WISCONSIN** |
| **REDCAP NEW SITE SETUP REQUEST** |
| All completed requests should be submitted electronically to REDCap Administrator. |
| Site or Organization Name | Local Health Department or Organization |
|       |       |
| Number of Personnel Employed at Site | Number of Women Employed at Site |
|       |       |
| What type of site is this? | Site Employee Race/Ethnic Profile |
| [ ]  Work site[ ]  Child care site[ ]  Other, specify:       | White:     Black:     Asian:     Hispanic or Latino:    American Indian or Alaskan Native:     Multiple Races:    Unknown Race:     Prefer not to respond:     |
| Site Location (County and Zip Code):       |
| Project(s) at the site requesting access (check all that apply): |
| [ ]  NPM Breastfeeding [ ]  NPM Adolescent Suicide [ ]  NPM Smoking [ ]  NPM Adolescent Transport[ ]  NPM Safe Sleep [ ]  NPM Developmental Screening [ ]  NPM Health Equity |
| Name(s) of Other REDCap Project(s) |
|       |
| REDCap Contact Name | REDCap Contact Email |
|       |       |
| Date Site Access Submitted | Date Site Access Granted |
|       |       |
| Access to REDCap no longer needed, submit to REDCap Administrator. |
| Reason for Termination of REDCap Access |
|       |
| Removal Request Submitted By | Date Removal Request Submitted | Date of Access Terminated |
|       |       |       |
| Information contained in email messages may be privileged and confidential. There is some risk that any information in an email you send may be disclosed to, or intercepted by, unauthorized third parties. By agreeing to allow the use of email as a method of communication to WI DHS, this indicated that you acknowledge and accept the possible risks associated with such communication. |