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| |  |  | | --- | --- | |  | **CSHD – Access Query and Issue Form** | |
| **Warning message concept represented by exclamation mark icon ...Warning message concept represented by exclamation mark icon ...This form should be used to:**   1. Submit a request for **urgent access** to any application except CDMS or myLesson. 2. Notify the helpdesk of an **issue preventing access** to any clinical system.   ***Note****: For urgent* ***access to CDMS*** *and/or* ***myLesson*** *please contact a CRA.*  For an **Existing Open Ticket *(Escalation or Inquiry)***   1. **Send an email** to the [GSK Clinical Support Helpdesk](https://www.clinicalsupporthd.gsk.com/contact.html) *with the Subject line: ESCALATE & [Ticket Number]* 2. Please provide the necessary details so that the CSHD can assess the issue, acknowledge the escalation and determine the appropriate course of action.   **\*** Mandatory Fields |
| |  | | --- | | **User Details** | |
| |  |  | | --- | --- | | Requester Name: Click or tap here to enter text. | Requester Email Address: \* Click or tap here to enter text.  Requester Phone number: Click or tap here to enter text. | | Are you submitting a ticket on behalf of another user?\* | Yes No  If No, proceed directly to Request Details section | | If submitting on behalf of someone else provide the Email address that is used for GSK systems:  *If the query applies to many Users, please click + to add more emails* | Please add Email here |   ***Note: For several users, please submit a separate form.*** |
| |  | | --- | | **Request Details** | |
| |  |  | | --- | --- | | **URGENCY (Provide the rationale for requests that need expediting to help the CSHD assess the priority)** | | | Please specify the impact of the request by selecting one of the options in the dropdown list | Patient on Site | | Provide a comprehensive explanation based on the impact selected above including details such as Milestones, Dates submissions etc. If the justification is not clear the ticket’s priority will be adjusted.   test | |  |  |  |  | | --- | --- | --- | | Type of Request: \* | Access Request (New access to an application) | | | What application is access impacted? \* | Choose an item.  For Other: Click or tap here to enter text. | | | What is the Access Level (requested or impacted) for the User(s)? \* | Choose an item. | | | Study(ies) Number(s): \*  Enter Study Number Here | Country(ies):  Enter Country Here | Site Number(s):  Enter Site Number Here | | Detailed description of the issue or query (attached any error or screenshot to the email): \*  Click or tap here to enter text. | | | |

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