



Network Access Request

Please check the appropriate box:

NEW NRB NETWORK ACCOUNT ACCESS CHANGE INFORMATION CHANGE

LAST NAME	FIRST NAME	JOB TITLE	DATE

Campus Phone: _____ **Email:** _____

Campus Address: _____

TYPE OF ACCESS REQUESTED

Select at least one: MRI dicom data Prisma computers MRI file folders for non-dicom data*
 7T data Cerebro PET dicom data

ASSOCIATED GROUP

Which PI Group(s) do you need access to? _____

JUSTIFICATION FOR NETWORK ACCESS/BRIEF RESEARCH DESCRIPTION

AFFILIATION AND CERTIFICATION

UCLA Affiliated (check one): Employee Graduate/Medical Student Volunteer/SRP

Unaffiliated (please describe): _____

MRI safety certified? Yes NO Pending

MENTOR / PI / SUPERVISOR INFORMATION AND APPROVAL

Name: _____ **Email:** _____ **Campus Phone:** _____

_____ **Mentor/PI/Supervisor's Signature** _____ **Date**

NETWORK INFORMATION

ACCESS

- All users must have their own personal server account. Account requests should be emailed to [James Widanta \(jwidanta@ucla.edu\)](mailto:jwidanta@ucla.edu)
- This network account is created solely for you – **do not share your account with anyone else**
- Do *not* store more than 2 GB of data in your home folder
- *MRIFILE folders are for raw spect data and task data collected on Prisma support computers – these folders should only be used as temporary storage and must be cleaned out regularly

EQUIPMENT

- Notify [James Widanta \(jwidanta@ucla.edu\)](mailto:jwidanta@ucla.edu) and support@bmap.ucla.edu immediately if there are any problems with the computers/equipment.
- For any other equipment or facility problems, notify [Ludmila Budilo \(lbudilo@mednet.ucla.edu\)](mailto:lbudilo@mednet.ucla.edu) immediately.

I HAVE READ AND UNDERSTOOD THE ABOVE POLICIES _____ **Applicant's Signature** _____ **Date**

BMC ADMINISTRATIVE APPROVAL USE ONLY

_____ **Print Name** _____ **Signature** _____ **Date**

Access Termination Date: _____ **Completed By:** _____