**TriNetX Account Request Form**

**NAME:**

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**JHED ID:**

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**JOHNS HOPKINS EMAIL ADDRESS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I attest that I have watched both of the TriNetX training videos that are posted on the ICTR TriNetX webpage from the beginning to the end of each video.”

**Electronic signature:**  
*pLEASE Type your name AND DATE*

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