

## PORTEC-3: TOP IKW LOGON APPLICATION FORM

*This form can only be used for PORTEC-3 participants and collaborators. After completion please fax to IKW Trial office, +31(0)71-5266712. Note: Access to TOP IKW is only possible with Internet Explorer 4.0 or higher.*

Name person	:	.....
Name organisation	:	.....
Department	:	.....
Function/Profession:	:	.....
Postal address	:	.....
Area code	:	.....
City	:	.....
Telephone no.	:	.....
Faxno.	:	.....
E-mail	:	.....

Why do you need a logon? (e.g. datamanagement for which hospital):
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Logon for:  TOP IKW      <https://www.admlumc.hovon.nl>

### Please mention your preferred logon name and password

Logon name:            (1) .....

(second choice)      (2) .....

*(Minimum 3, maximum 14 letters or digits, no spaces; case sensitive.)*

Password:              .....

*(Minimum 8, maximum 14 characters, case sensitive with*

- *at least one digit 0-9*
- *at least one character from [!#\$%&()\*+\_-/:=><?@[|^~]*
- *may not contain double quote ("), single quotes (') or (^), semicolon (;), or comma (,)*
- *the logon name may not be repeated in the password).*

By requesting this logon I declare to use this logon strictly personal. I shall inform the IKW Trial office in case of change of address or affiliation or retirement.

Signature .....	Date .... / .... / .....
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For IKW use only: Security role : .....