

University of Missouri  
Research Animal Diagnostic Laboratory (RADIL)  
Database Management System  
REQUEST for CLIENT ACCESS / USERID

Full Name: \_\_\_\_\_

Company/Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Non-disclosure Agreement:

I agree that access will be granted to the RADIL Database system with the understanding that I am responsible for all activities undertaken using my UserID access code and other forms of authorization.

\_\_\_\_\_  
(your signature) (date)

Please have the section below filled out, if you will need access to Case Information which has been submitted by another individual.

\_\_\_\_\_

I hereby authorize access to the above individual to Case Information submitted under my name:

\_\_\_\_\_  
(printed/typed name of Submitter as it appears on Cases)

\_\_\_\_\_  
(signature of Submitter) (date)