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# Velos eResearch: Velos Interface Form

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**Effective Date:** September 17, 2008

**Revision History (list dates of amendments):**

**Responsible University Officer:** Vice Provost for Research

**Responsible Office:** Office of the Vice Provost for Research,  
Office of Research Information Management

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## Form Instructions

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The Interface form is intended to be filled out by the requester and then approved by the Velos team, in order to scope the interface and understand the requirements.

- 1- Fill out the corresponding fields in the form
  - a. Ensure that all sections are filled out, and if it is not applicable for your particular instance then place N/A – for Not Applicable
- 2- Once the form is completed you may send to the Velos team
  - a. Via email [resinfo@med.miami.edu](mailto:resinfo@med.miami.edu) with subject heading “Velos Interface Request – Department Name”
  - b. Via fax (305) 243-2053 with “Attn: Velos Team”

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## Interface Rules

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Interfaces expire at the end of the UM fiscal year unless they have been reviewed or established in the previous six months thereto. Prior to expiration, the primary contact will be notified to submit an updated form noting any changes. If this form is not received by the expiration date, the interface will be discontinued. At any point in time, your interface can be audited to verify that you are in compliance with your approved usage.

## Interface Form

Primary Contact Information:	
Today's Date	
Department / Division:	
Contact Persons (List 2):	
Email Addresses:	
Telephones:	
Technical Information:	
New Interface, Change, or Renewal?	
Reason for this interface:	
Interface Definitions	
Describe the type of data you want to receive. Please give specific examples such as: STUDY NUMBER, PATIENT STUDY ID, EPROST NUMBER, etc.	
Do you want the data sent in real-time (as it is collected), or periodically (batch)? If periodically, how often does this data need to be sent?	
Where does this data reside (Source)?	
To what system will this data be sent (Destination)?	
Your System Information:	
Application/Service Name	

IP Address/Port (Production)	
IP Address/Port (Test)	
Interface Project Timeframe:	
Contact List for issues once interface is live:	
<b>Vendor Contact Information (if applicable):</b>	
Vendor Name:	
Vendor's Contact Person:	
Email Address/ Telephone:	

-----For Office Use Only Below This Line-----

Require Privacy Approval? (Keep documented with this form. Not required for renewals that have no PHI change or usage from previous request)	
Privacy Approval Date	
ORIM Approval Date	
ORIM Developer Assigned	
Go live Date	

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## Glossary

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- **IP** – Internet Protocol
- **ORIM** – the Office of Research Information Management
- **eProst** – UM’s protocol human subjects protocol submission, review, & version tracking system.
- **Department/Division** – The hierarchal breakdown of Department within the school of medicine, and under the department there are specific Divisions.