



ATHEROSCLEROSIS RISK IN COMMUNITIES STUDY

HELP DESK REQUEST GUIDELINES

Email: arichelp@unc.edu

Information to provide when you email the help line:

For protocol questions:

- Name of study area or ancillary study (i.e., V6, Surveillance, MRI, etc.)
- Description of question, including manual reference, if applicable

For CDART issues, describe the problem in detail, including:

- Name of study area or ancillary study (i.e., V6, Surveillance, MRI, etc.)
- Participant ID
- Form, if applicable
- Question # of form, if applicable
- Error message, if applicable (copy and paste ENTIRE message from screen; include screen shot if possible)
- Date and time problem was first encountered
- If error occurred, what browser was in use

For CDART access request:

- Name of study area or ancillary study (i.e., V6, Surveillance, MRI, etc.)
- Form Groups required (i.e., V6, MRI, PET, etc.)
- Reports required, if applicable