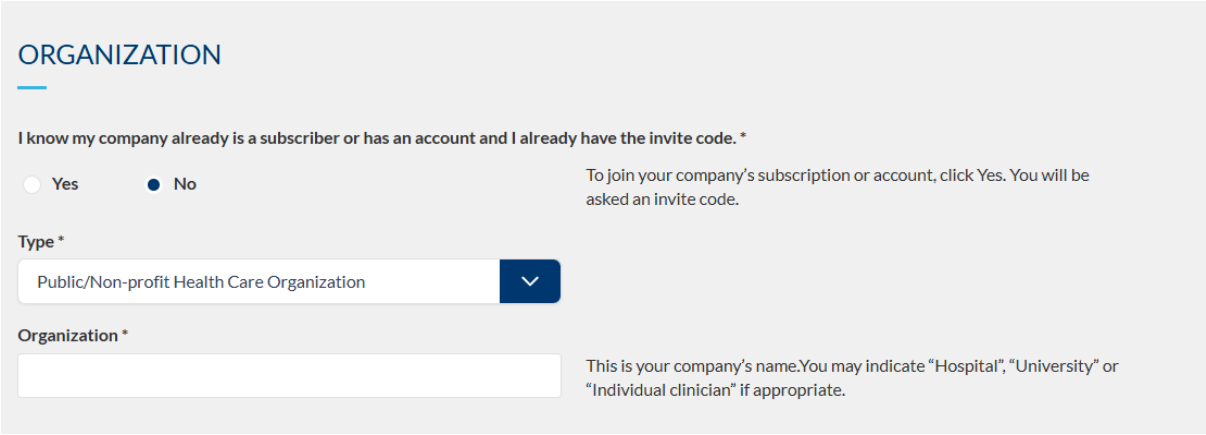
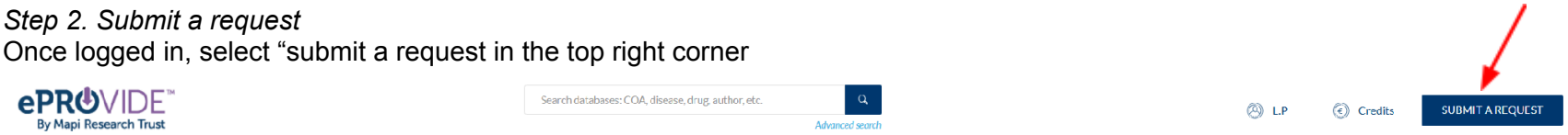
Licence application for BPI, PCS, PSEQ
Website: https://eprovide.mapi-trust.org/register

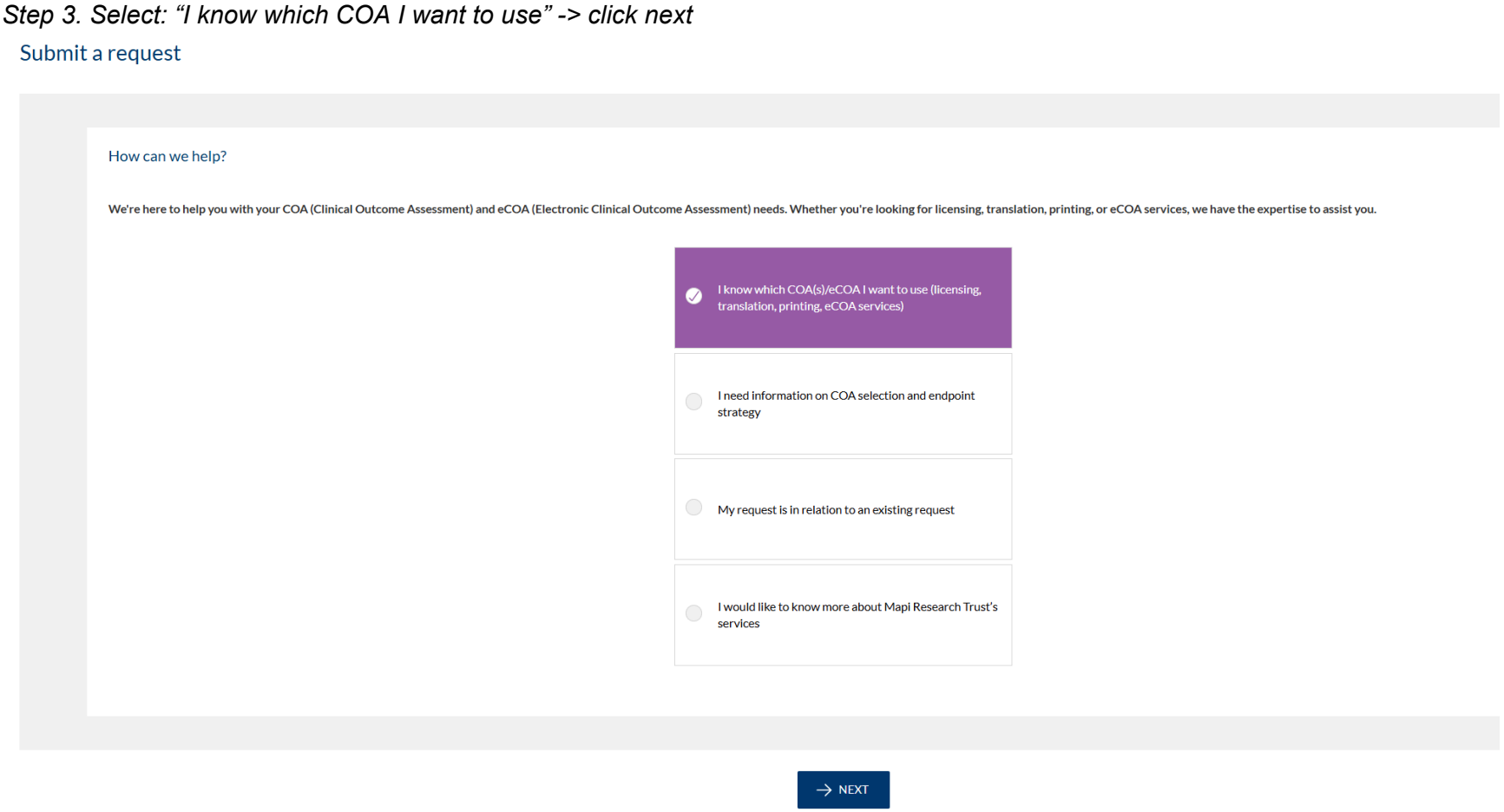
Step 1. Register for an account with MAPI
To apply for both PCS and PSEQ licence, you need to first register for an account with MAPI using their ePROVIDE platform. You will need to enter your central clinic email address, institutional details etc. It's quite self explanatory. Where it asks I know my company is already a subscriber and I already have an Invite code, select "No":



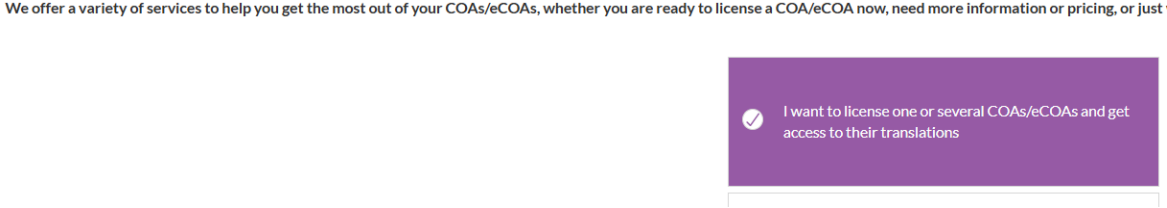
Step 2. Submit a request
Once logged in, select "submit a request in the top right corner



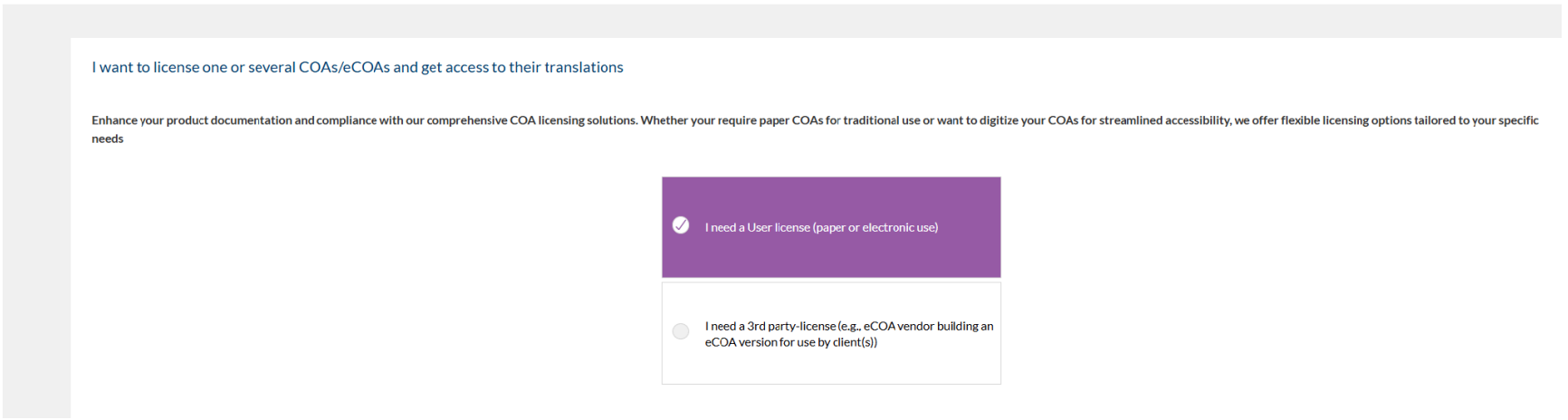
Step 3. Select: “I know which COA I want to use” -> click next



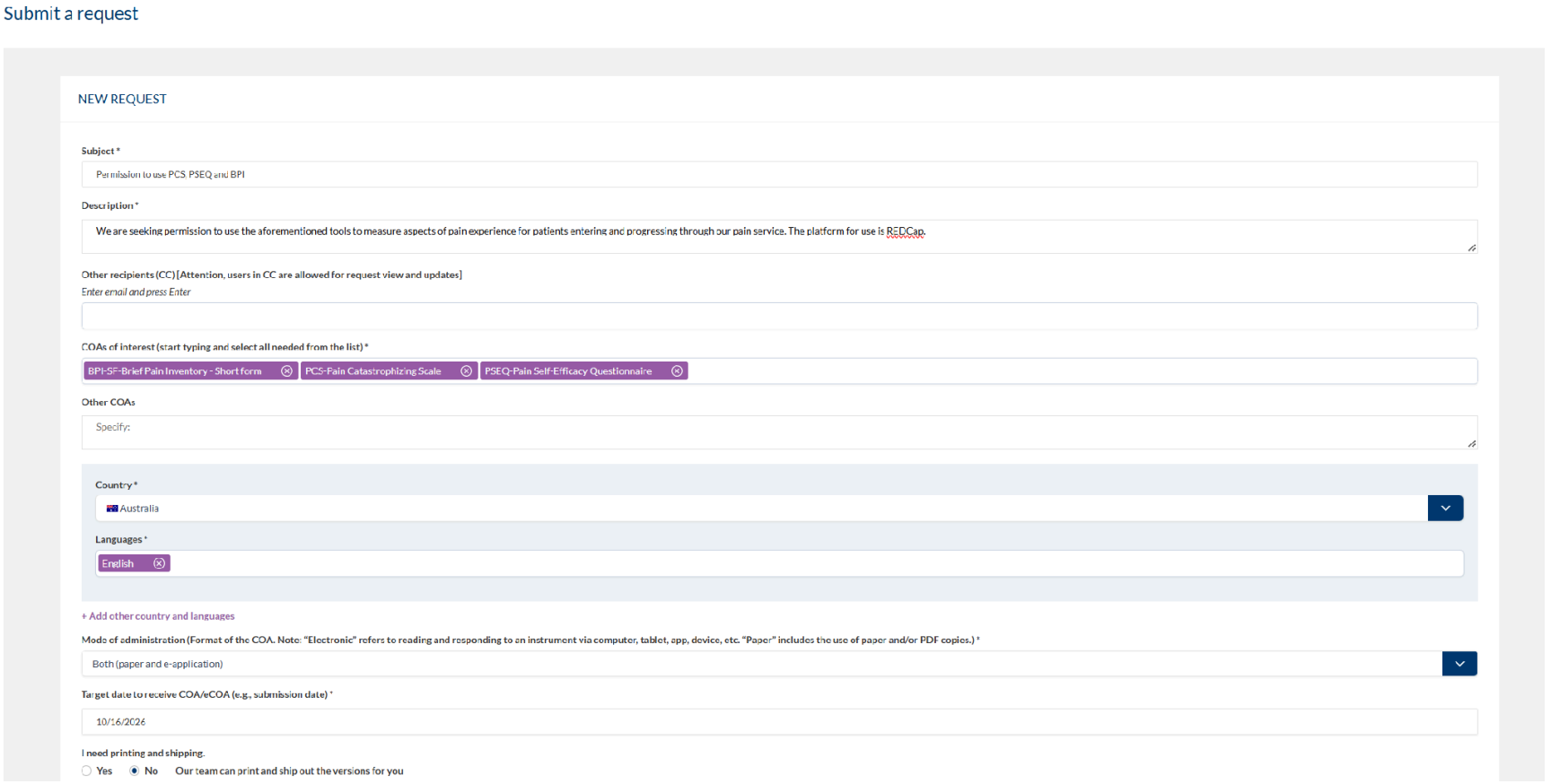
Step 4. Select “I want to license one or several COAs” -> click next



Step 5. Select “I need a User licence” -> click next



Step 6. Fill in details under Submit Request. Suggested responses are included however please modify as required for your clinic's individual circumstances. Select "Send" when complete.



Request information

Study/Protocol number

N/A

PO Number

N/A

Quote currency *

USD

WORK ORDER INFORMATION

Name of User in charge of the Work Order *

Name of Clinic Coordinator or Pain Service Manager

User purchase order number

N/A

CONTEXT AND CONDITIONS OF USE

Context of Use *

- ○ **Clinical Trial**
- ◉ **Observational studies, Marketing, Clinical practice and Educational projects**
- ○ **eCOA library**

"eCOA library" means the development of a validated eCOA in the User's eCOA library or platform, accessible to User for internal use only, solely for the Stated Purpose

Title *

Pain Outcomes (Clinic Name)

Project reference

Project reference

Type of project *

- ○ Observational (e.g. cohort, patient/national registry, RWE...)
- ○ Phase IV Study - Observational
- ○ Epidemiological
- ○ Patient support programs (PSP)
- ○ Marketing
- ◉ Individual clinical practice
- ○ Healthcare organization clinical practice
- ○ Educational purpose
- ○ Book publication
- ○ Other

Number of sites and patients *

ⓘ Please fill in "Annual number of sites" AND/OR "Annual number of patients/subjects"

Annual number of sites

1

AND / OR

Annual number of patients/subjects

400

Annual number of administrations of the COA for each patient/subject

3

Start *

11/2026

End *

12/2027

Mode of data collection *

- [x] Smartphone (previously Handheld)
- [x] Tablet
- [x] PC/Laptop
- [x] BYOD
- [ ] Other

Smartphone - Specify

Smartphone - Specify

Tablet- Specify

Tablet- Specify

PC/Laptop - Specify

PC/Laptop - Specify

BYOD- Specify

BYOD- Specify

Use of IT company (e-Vendor) *

- ( ) Yes
- (•) No

Name of IT platform/system/software used to build the eCOA or eCOA Library (if applicable)

Redcap

Use of eCOA Library provided by IT Company (e-Vendor) (if applicable)

- ( ) Yes
- (•) No

* required field

← PREVIOUS

SEND