ISHLT Transplant Registry Institutional Enrollment Form

Hospital Name	
Affiliated ISHLT Data Collective, if any: Note: If your institution's data are reported to ISHLT through a multinational or multi-center organization, report that organization here	
Program Type Select all organ types that are transplanted at your institution	☐ Heart ☐ Lung ☐ Heart-Lung
Hospital Address	Address1 (Street address, P.O. box, c/o) Address2 (Apartment, suite, unit, building, floor, etc.) City State/Province/Region ZIP/Postal Code Country
Program Director Note: the Program Director will be identified as the primary contact for your institution	
Name	Salutation Suffix First MI Last
Title	
Phone	City/Country Code Phone Number
Fax	City/Country Code Phone Number
E-Mail Address	
Primary Data Coordinator	
Name	Salutation Suffix First MI Last
Title	
Phone	City/Country Code Phone Number
Fax	City/Country Code Phone Number
E-Mail Address	

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Additional Documentation	
Additional Documentation Submitted? This form **MUST** be accompanied by the following documents: 1.Letter requesting to participate in the Registry, signed by the Program Director on institutional letterhead. 2.ISHLT Transplant Registry Data Sharing Agreement. We **cannot** process forms submitted without these documents	☐ Participation Letter submitted ☐ Data Sharing Agreement submitted
Have regulatory requirements applicable to your institution, such as an Institutional Review Board (IRB) approval been obtained? The program director must electronically sign this form to certify that this institution has received approval from its local IRB, ethics board, regulatory board, or equivalent, and will continue to maintain such approval.	--please make selection--
Electronic Signature of Program Director	

Please submit completed documentation to the ISHLT Transplant Registry via email, fax, or mail.

Email: ISHLTHelp@UNOS.org
Fax: +1-804-782-4809
Mail:

ISHLT Transplant Registry
UNOS Business Services
Attn: Data Quality
700 North 4th Street
Richmond, Virginia 23219 USA