



ISHLT International Pediatric Heart Failure Registry
Electronic Data Submission Access Form

Please complete a separate form for each staff member who is to receive access to the Registry.
 After processing your request, UNOS will provide you with user names and passwords for each individual you include on an Electronic Data Submission Access Form.

Name	Salutation	Suffix
	First	MI Last
Title		
Hospital Name		
Department in Hospital:		
Individual's Mailing Address	Address1	(Street address, P.O. box, c/o)
	Address2	(Apartment, suite, unit, building, floor, etc.)
	City	State/Province/Region ZIP/Postal Code
	Country	
Phone	City/Country Code	Phone Number
Fax	City/Country Code	Phone Number
E-Mail Address		
Desired Password: (Select a password you can remember. It must have at least 5 characters.)		
Access: Please select the level of permission/rights		
Electronic Signature of Program Director		

Please submit completed form to the ISHLT International Pediatric Heart Failure Registry via email, fax, or mail.

Email: ISHLTHelp@UNOS.org

Fax: +1-804-782-4809

Mail:

ISHLT International Pediatric Heart Failure Registry
 UNOS Business Services
 Attn: Data Quality
 700 North 4th Street
 Richmond, Virginia 23219 USA