



ISHLT International Pediatric Heart Failure 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	
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 a letter requesting to participate in the Registry. The letter must be on institutional letterhead and signed by the Program Director; we <u>cannot</u> process forms submitted without this letter.	
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.	
Electronic Signature of Program Director	

Please submit completed documentation 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