

STS Participant Contact Form

This form must be completed for all NEW Participants AND for CURRENT Participants with updates.

Please select: ____ New Participant ____ Current Participant

If a current Participant please provide:

Intermacs/ Pedimacs site ID (four or five letters): _____

OR

Participant ID # (five digits): _____

Database Selection

New Participants: Select the database(s) you intend to join.

Current Participants: Select your current database.

Adult Cardiac Surgery

Intermacs

General Thoracic Surgery

Pedimacs

Congenital Heart Surgery

Contact Information

*** STS will not enter any contact information without a valid email address**

*** Due to the importance of the email communications STS sends to participants, email addresses are required**

*** Physician-specific emails are needed for confidential email communication including physician-specific dashboard access**

Intermacs and Pedimacs (please complete PR and Site Administrator information):

Name: _____

Title: _____

Intermacs Site Code: _____

Department: _____

Address (no P.O. Boxes): _____

City: _____

State/ Province: _____

Zip Code: _____

Country, if outside US & Canada: _____

Physician Representative
(Formerly Principal Investigator)

Site Administrator

Data Entry Coordinator

Contract Contact

Read Only Privileges

Read/Write Privileges (may enter and edit data)

Is the address listed above a replacement address?

Yes _____ No _____

Phone: _____ Ext: _____

Email Address: _____

Please indicate:

ADDING _____ OR INACTIVATE * _____

* INACTIVATE AS OF DATE: _____/_____/_____