



ISHLT International Pediatric Heart Failure Registry (iPHFR)

Electronic Data Submission Access Form

Please complete a separate form for each staff member who is to receive access to the iPHFR 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 iPHFR Registry via email, fax, or mail.

Email: ISHLTHelp@UNOS.org

Fax: +1-804-782-4809

Mail:

ISHLT iPHFR Registry
 UNOS Business Services
 Attn: ISHLT Project Leader
 700 North 4th Street
 Richmond, Virginia 23219 USA