



## ISHLT International Thoracic Organ Transplant (TTX) Registry Database

### Electronic Data Submission Access Form

Please complete a separate form for each staff member who is to receive access to the ISHLT TTX 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.

<b>Name</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Salutation</td> <td style="width: 40%; border: none;">Suffix</td> <td style="width: 30%; border: none;"></td> </tr> <tr> <td style="border: none;">First</td> <td style="border: none;">MI</td> <td style="border: none;">Last</td> </tr> </table>	Salutation	Suffix		First	MI	Last		
Salutation	Suffix								
First	MI	Last							
<b>Title</b>									
<b>Hospital Name</b>									
<b>Department in Hospital</b>									
<b>Program Type</b> Select the organ types this user should be able to access									
<b>Individual's Mailing Address</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Address1</td> <td style="width: 50%; border: none;">(Street address, P.O. box, c/o)</td> </tr> <tr> <td style="border: none;">Address2</td> <td style="border: none;">(Apartment, suite, unit, building, floor, etc.)</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State/Province/Region      ZIP/Postal Code</td> </tr> <tr> <td style="border: none;">Country</td> <td></td> </tr> </table>	Address1	(Street address, P.O. box, c/o)	Address2	(Apartment, suite, unit, building, floor, etc.)	City	State/Province/Region      ZIP/Postal Code	Country	
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Address2	(Apartment, suite, unit, building, floor, etc.)								
City	State/Province/Region      ZIP/Postal Code								
Country									
<b>Phone</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">City/Country Code</td> <td style="width: 50%; border: none;">Phone Number</td> </tr> </table>	City/Country Code	Phone Number						
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<b>Fax</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">City/Country Code</td> <td style="width: 50%; border: none;">Phone Number</td> </tr> </table>	City/Country Code	Phone Number						
City/Country Code	Phone Number								
<b>E-Mail Address</b>									
<b>Desired Password</b> (Select a password you can remember. It must have at least 5 characters.)									
<b>Access</b> Please select the level of permission/rights									
<b>Electronic Signature of Program Director</b>									

**Please submit completed form to the ISHLT TTX Registry via email, fax, or mail.**

**Email:** [ISHLTHelp@UNOS.org](mailto:ISHLTHelp@UNOS.org)

**Fax:** +1-804-782-4809

**Mail:**

ISHLT TTX Registry  
 UNOS Business Services  
 Attn: ISHLT Project Leader  
 700 North 4<sup>th</sup> Street  
 Richmond, Virginia 23219 USA