



ISHLT International Thoracic Organ Transplant (TTX) Registry Institutional Enrollment Form

Hospital Name			
Affiliated ISHLT Data Collective/OEO, if any: Note: If your institution's data are reported to ISHLT through a multinational or multi-center organization, report that organization here			
Program Type Select all organ types that are transplanted at your institution			
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	
<p>Additional Documentation Submitted?</p> <p>This form MUST be accompanied by the following documents:</p> <ol style="list-style-type: none">1. Letter requesting to participate in the TTX Registry, signed by the Program Director on institutional letterhead.2. ISHLT TTX Registry Data Sharing Agreement.3. Letter on official letterhead from your Hospital's regulatory or ethics board verifying all requirements for participation in the TTX Registry have been met. <p>We cannot process forms submitted without these documents</p>	<p style="text-align: center;">Participation Letter submitted</p> <p style="text-align: center;">Data Sharing Agreement submitted</p> <p style="text-align: center;">Regulatory Letter submitted</p>
<p>Have regulatory requirements applicable to your institution, such as an Institutional Review Board (IRB) approval been obtained?</p> <p>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, and will continue to maintain such approval.</p>	
<p>Electronic Signature of Program Director</p>	

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

Email: ISHLTHelp@UNOS.org

Fax: +1-804-782-4809

Mail:

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