



ISHLT International Thoracic Organ Transplant (TTX) Registry Data Collective/OEO Enrollment Form

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| Data Collective/OEO Name | |
| Affiliated Hospital Names | |
| Program Type Select all organ types that will be reported by your Collective/OEO | |
| Data Collective/OEO Address | Address1 (Street address, P.O. box, c/o) Address2 (Apartment, suite, unit, building, floor, etc.) City State/Province/Region ZIP/Postal Code Country |
| Data Collective/OEO Director | |
| Note: the Director will be identified as the primary contact for your Collective/OEO | |
| Name | Salutation Suffix First MI Last |
| Title | |
| Phone | City/Country Code Phone Number |
| Fax | City/Country Code Phone Number |
| E-Mail Address | |
| Data Collective/OEO 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 | |
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| <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 OEO Director on institutional letterhead.2. ISHLT TTX Registry Data Collective/OEO Data Sharing Agreement.3. Letter on official letterhead from your Data Collective/OEO's regulatory or ethics board verifying all requirements for participation in the Registry have been met. <p>We cannot process forms submitted without these documents</p> | <p>Participation Letter submitted</p> <p>Data Sharing Agreement submitted</p> <p>Regulatory Letter submitted</p> |
| <p>Have regulatory requirements applicable to your Data Collective/OEO and affiliated hospitals, such as an Institutional Review Board (IRB) approval been obtained?</p> <p>The Collective/OEO director must electronically sign this form to certify that this Collective/OEO and its affiliated hospitals have received approval from its local IRB, ethics board, regulatory board, or equivalent, and will continue to maintain such approval.</p> | |
| <p>Electronic Signature of Data Collective/OEO 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