

NEW REGISTRY SETUP FORM

Single Center
 Individual Physician
 Regional Registry

Institution Name: _____

Registry Name: _____

QI Group Name (if applicable): _____

SECTION 1: Institution Information		
Institution Name:		Phone:
Address:		Fax:
City:	State:	Zip:
SECTION 2: Lead Physician Information		
Contact Name:		Phone:
Institution:		
Email:		Fax:
Address:		
City:	State:	Zip:
SECTION 3: Database Access <i>(Registry Manager requiring access)</i>		
Hospital Registry Manager:		Phone:
Institution:		
Email:		Fax:
SECTION 4: Data Sharing Requirements <i>Institutions, both within and outside your healthcare network with which data share is required</i>		
Institution Name :		Phone:
Lead Physician:		Email:
Hospital Registry Manager:		Email:
Address:		
City:	State:	Zip:
Contract with M2S: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Institution Name :		Phone:
Lead Physician:		Email:
Hospital Registry Manager:		Email:
Address:		
City:	State:	Zip:
Contract with M2S: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Institution Name :		Phone:
Lead Physician:		Email:
Hospital Registry Manager:		Email:
Address:		
City:	State:	Zip:
Contract with M2S: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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SECTION 5: Other Registries <i>List all registries in which your institution participates</i>	
1. Registry Name:	Contract with M2S: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Physician Contact:	Email:
Registry Manager:	Email:
2. Registry Name:	Contract with M2S: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Physician Contact:	Email:
Registry Manager:	Email:
3. Registry Name:	Contract with M2S: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Physician Contact:	Email:
Registry Manager:	Email:
4. Registry Name:	Contract with M2S: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lead Physician Contact:	Email:
Registry Manager:	Email:
SECTION 5: Billing Information	
Contact Name:	Phone:
Institution:	
Address:	
City:	State: Zip:
Accounts Payable Contact Name & Phone Number:	
Special Instructions:	

Approvals (M2S use only):

Contract Setup _____ **Date:** _____

Project Manager

Contract QC _____ **Date:** _____

Registry Coordinator