

Website User Access Form



BMC2
Coordinating Center
300 RSW
Ann Arbor, MI 48105
Phone: 734-998-6400
www.bmc2.org

I need a new user account for BMC2 Registry: (check all that apply)

- PCI EPCI Vascular Surgery / Carotid MISHC I

Desired Username _____
(Recommend first initial and last name; i.e. JSmith)

E-mail Address _____

Hospital Name _____
(Hospital you are requesting access for)

Role
Data Coordinator
Data Abstractor
Other _____

Do you have BMC2 access at other hospitals?
Yes (if yes, see below)
No

If yes, please list all Hospitals and corresponding Usernames

First/Last Name _____

Position/Title _____

Hospital Address

Office Phone _____

Mobile / Cell Phone _____

Return completed form to the BMC2 Coordinating Center via email to Pam Benci at plf@med.umich.edu