

Website User Access Form



Instructions: Please **download this form**. When complete click on "**submit form**". You will receive an email when your request has been completed.

BMC2
Coordinating Center
Arbor Lakes, Bldg 3, Floor 3
4251 Plymouth Rd.
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

Voluntary PVI

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

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First/Last Name

Position/Title

Hospital Address

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Office Phone

Mobile / Cell Phone

If you have questions, please email Pam Benci at plf@med.umich.edu