Website User Access Form

Instructions: Please **download this form** and complete it. Scan in the form, or send a picture of the form, via email to Pam Benci (plf@med.umich.edu).

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

First/Last Name _____

Position/Title _____

Hospital Address

Office Phone _____

Mobile / Cell Phone _____

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