

# Massachusetts Data Analysis Center Mass-DAC Cardiac Study Project

## Contact Update Form Cardiac Surgery/Percutaneous Coronary Intervention Programs

Use one form for each person that needs to update contact information for the Mass-DAC Cardiac Study. Please use for new people, change in roles and for people leaving their Mass-DAC position.

Effective Date for Changes: \_\_\_\_\_

Update Reason:  New Contact  Change in Roles  Terminate ALL Roles

Hospital/Affiliate: \_\_\_\_\_

Name: 

Prefix	First	Middle	Last	Suffix
_____	_____	_____	_____	_____

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip5: \_\_\_\_\_ +4: \_\_\_\_\_

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Access to the Mass-DAC Secure Document Repository is needed

Permission for access given by: \_\_\_\_\_

### Mass-DAC Roles: Please check all roles that apply for this person

#### Cardiothoracic Surgery

Data Manager-CS  Backup DM-CS  Surgery Chief  Surgery Director  MD: Surgeon

#### Percutaneous Coronary Intervention (PCI)

Data Manager-PCI  Backup DM-PCI  Cardiology Chief  Cath Lab Director  MD: Operator

#### Other Roles

Administrative Contact  Other (Please specify): \_\_\_\_\_

### Mass-DAC

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