

## STS National Database Participant Contact Form

### INSTRUCTIONS

1. Fill out required information in Section 1.
2. To designate or change VENDORS fill out Section 2.
3. To change site name, add duplicate site or change Hospital NPI# fill out Section 3.
4. To add Surgeons/Anesthesiologists or Update information about existing physicians fill out Section 4. **(NOTE: Please attach Schedule A for any new physicians)**
5. To remove Surgeons/Anesthesiologists fill out Section 5.
6. To designate, delete or update administrative roles, fill out Section 6.

### Section 1: Required Information

1. New or Current Participant (choose one):   New                    Current
2. Participant ID# (required – or state no PID#): \_\_\_\_\_
3. If NEW, which database are you joining?:   Adult Cardiac    Congenital    General Thoracic
4. Name of person submitting: \_\_\_\_\_
5. Contact Information (email or phone): \_\_\_\_\_
6. Describe what changes you want to accomplish by submitting this form: \_\_\_\_\_

### Section 2: Designating New Vendor or Changing Vendors

1. Who is your current STS Certified/Harvest Compliant Vendor: \_\_\_\_\_
2. What vendor are you changing to: \_\_\_\_\_
3. As of what date are you going live with your new vendor: \_\_\_\_\_
4. IF NEW PARTICIPANT – what vendor will you be using to submit STS data?: \_\_\_\_\_

*\*Please request new vendor to submit Vendor Licensing Form as soon as possible to STS in order to make them active for harvest purposes.*

### Section 3: Updating Site Name and/or Site NPI#

1. What is your current hospital site name and/or NPI#: \_\_\_\_\_
2. What is the site name and/or NPI# changing to: \_\_\_\_\_
3. What is the reason for the site name change (change in ownership, branding change, facility, etc.): \_\_\_\_\_

NOTE: If you change your hospital name with STS, make sure it matches exactly to the Hospital Name listed with your vendor as well. **A mismatch will result in your data file being rejected.**

For questions about how to fill out this form please contact Elizabeth Watkins at  
[ewatkins@sts.org](mailto:ewatkins@sts.org).

**Section 4: Adding New Surgeons/Anesthesiologists or Updating Existing Physicians**

<p style="text-align: center;"><u>ALL FIELDS REQUIRED</u></p> <p style="text-align: center;">Update to Existing Surgeon/Anesthesiologist ____ Add New Surgeon/Anesthesiologist ____</p> <p>Name: _____</p> <p>Physician Employer: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Address (line two): _____</p> <p>City: _____</p> <p>State/Province: _____ Zip Code: _____</p> <p>Country, if outside US and Canada: _____</p> <p>Phone: _____ Ext: _____</p> <p>Email Address: _____</p> <p>(SURGEON ONLY) Is this surgeon Board Certified? Yes _____ No _____</p> <p>(SURGEON ONLY) If Yes, list specialty: _____</p> <p>(SURGEON ONLY) Surgeon NPI Number: _____</p>	<p>____ Surgeon Representative* (only one per Participant)</p> <p>____ Surgeon</p> <p>____ Anesthesiologist</p> <p>____ Anesthesia Representative* (only one per Participant)</p> <p>*Is this Physician the main physician contact for STS/DCRI?</p> <p><b>Special Notes for STS:</b></p>
<p style="text-align: center;"><u>ALL FIELDS REQUIRED</u></p> <p style="text-align: center;">Update to Existing Surgeon/Anesthesiologist ____ Add New Surgeon/Anesthesiologist ____</p> <p>Name: _____</p> <p>Physician Employer: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Address (line two): _____</p> <p>City: _____</p> <p>State/Province: _____ Zip Code: _____</p> <p>Country, if outside US and Canada: _____</p> <p>Phone: _____ Ext: _____</p> <p>Email Address: _____</p> <p>(SURGEON ONLY) Is this surgeon Board Certified? Yes _____ No _____</p> <p>(SURGEON ONLY) If Yes, list specialty: _____</p> <p>(SURGEON ONLY) Surgeon NPI Number: _____</p>	<p>____ Surgeon Representative* (only one per Participant)</p> <p>____ Surgeon</p> <p>____ Anesthesiologist</p> <p>____ Anesthesia Representative* (only one per Participant)</p> <p>*Is this Physician the main physician contact for STS/DCRI?</p> <p><b>Special Notes for STS:</b></p>

**Section 4: Adding New Surgeons/Anesthesiologists or Updating Existing Physicians**

<p style="text-align: center;"><u>ALL FIELDS REQUIRED</u></p> <p style="text-align: center;">Update to Existing Surgeon/Anesthesiologist ____ Add New Surgeon/Anesthesiologist ____</p> <p>Name: _____</p> <p>Physician Employer: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Address (line two): _____</p> <p>City: _____</p> <p>State/Province: _____ Zip Code: _____</p> <p>Country, if outside US and Canada: _____</p> <p>Phone: _____ Ext: _____</p> <p>Email Address: _____</p> <p>(SURGEON ONLY) Is this surgeon Board Certified? Yes _____ No _____</p> <p>(SURGEON ONLY) If Yes, list specialty: _____</p> <p>(SURGEON ONLY) Surgeon NPI Number: _____</p>	<p>____ Surgeon Representative* <b>(only one per Participant)</b></p> <p>____ Surgeon</p> <p>____ Anesthesiologist</p> <p>____ Anesthesia Representative* <b>(only one per Participant)</b></p> <p>*Is this Physician the main physician contact for STS/DCRI?</p> <p><b>Special Notes for STS:</b></p>
<p style="text-align: center;"><u>ALL FIELDS REQUIRED</u></p> <p style="text-align: center;">Update to Existing Surgeon/Anesthesiologist ____ Add New Surgeon/Anesthesiologist ____</p> <p>Name: _____</p> <p>Physician Employer: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Address (line two): _____</p> <p>City: _____</p> <p>State/Province: _____ Zip Code: _____</p> <p>Country, if outside US and Canada: _____</p> <p>Phone: _____ Ext: _____</p> <p>Email Address: _____</p> <p>(SURGEON ONLY) Is this surgeon Board Certified? Yes _____ No _____</p> <p>(SURGEON ONLY) If Yes, list specialty: _____</p> <p>(SURGEON ONLY) Surgeon NPI Number: _____</p>	<p>____ Surgeon Representative* <b>(only one per Participant)</b></p> <p>____ Surgeon</p> <p>____ Anesthesiologist</p> <p>____ Anesthesia Representative* <b>(only one per Participant)</b></p> <p>*Is this Physician the main physician contact for STS/DCRI?</p> <p><b>Special Notes for STS:</b></p>

### Section 5: Remove Surgeons/Anesthesiologists

<p>Surgeon or Anesthesiologist Name: _____</p> <p>Surgeon/ Anesthesiologist NPI Number: _____</p> <p>Date Inactive: _____</p>	<p>_____ Surgeon Representative</p> <p>_____ Surgeon</p> <p>_____ Anesthesiologist Representative</p> <p>_____ Anesthesiologist</p> <p><b>Special Notes for STS:</b></p>
<p>Surgeon or Anesthesiologist Name: _____</p> <p>Surgeon/ Anesthesiologist NPI Number: _____</p> <p>Date Inactive: _____</p>	<p>_____ Surgeon Representative</p> <p>_____ Surgeon</p> <p>_____ Anesthesiologist Representative</p> <p>_____ Anesthesiologist</p> <p><b>Special Notes for STS:</b></p>
<p>Surgeon or Anesthesiologist Name: _____</p> <p>Surgeon/ Anesthesiologist NPI Number: _____</p> <p>Date Inactive: _____</p>	<p>_____ Surgeon Representative</p> <p>_____ Surgeon</p> <p>_____ Anesthesiologist Representative</p> <p>_____ Anesthesiologist</p> <p><b>Special Notes for STS:</b></p>

## Section 6: Designate or Update Administrative Roles

<p style="text-align: center;">Update to Existing Contact _____</p> <p style="text-align: center;">Adding New Contact _____      Make Contact Inactive _____</p> <p>Name: _____</p> <p>Organization: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Address (line two) _____</p> <p>City: _____</p> <p>State/Province: _____      Zip Code: _____</p> <p>Phone: _____      Ext: _____</p> <p>Email Address: _____</p>	<p>_____ Primary Data and File Contact <i>(only one per Participant)</i></p> <p>_____ Back up Data and File Contact</p> <p>_____ Data Quality Report Recipient</p> <p>_____ Contract Contact</p> <p>_____ National Report Recipient <i>(only one per Participant)</i></p> <p>_____ Billing Contact <i>(only one per Participant)</i></p> <p>_____ Anesthesia Billing Contact <i>(only one per Participant)</i></p> <p>_____ Marketing Contact <i>(only one per Participant)</i></p> <p>_____ PGS Developer</p> <p><b>Please check ALL Roles that contact should have.</b></p>
<p style="text-align: center;">Update to Existing Contact _____</p> <p style="text-align: center;">Adding New Contact _____      Make Contact Inactive _____</p> <p>Name: _____</p> <p>Organization: _____</p> <p>Title: _____</p> <p>Address: _____</p> <p>Address (line two) _____</p> <p>City: _____</p> <p>State/Province: _____      Zip Code: _____</p> <p>Phone: _____      Ext: _____</p> <p>Email Address: _____</p>	<p>_____ Primary Data and File Contact <i>(only one per Participant)</i></p> <p>_____ Back up Data and File Contact</p> <p>_____ Data Quality Report Recipient</p> <p>_____ Contract Contact</p> <p>_____ National Report Recipient <i>(only one per Participant)</i></p> <p>_____ Billing Contact <i>(only one per Participant)</i></p> <p>_____ Anesthesia Billing Contact <i>(only one per Participant)</i></p> <p>_____ Marketing Contact <i>(only one per Participant)</i></p> <p>_____ PGS Developer</p> <p><b>Please check ALL Roles that contact should have.</b></p>

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