

FOR THE CONGENITAL HEART SURGERY DATABASE - ONLY

The **Anesthesiologist Representative*** is identified by The Society of Thoracic Surgeons **Schedule B** Signature Sheet that requires the signature of the lead anesthesiologist representative. Only ONE anesthesiologist can be assigned the role of Anesthesiologist Representative.

The **Anesthesiologist** is identified by The Society of Thoracic Surgeons **Schedule B** Signature Sheet that requires the signature of a participating anesthesiologist. ALL ANESTHESIOLOGISTS, WITH THE EXCEPTION OF THE ANESTHESIOLOGIST REPRESENTATIVE, ARE TO BE IDENTIFIED ON THE CONTACT FORM AS AN "ANESTHESIOLOGIST".

NOTE: Schedule B MUST be used when adding an anesthesiologist to your Congenital Heart Surgery Database Participation Agreement. Any other document used will not be accepted.

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<p align="center">* Anesthesiologist Name:</p> <p>_____</p> <p>*Organization: _____</p> <p>*Department: _____</p> <p>* Title: _____</p> <p>*Address: _____</p> <p>Address (line two): _____</p> <p>*City: _____</p> <p>*State/Province: _____ *Zip Code: _____</p> <p>*Phone: _____ Ext.: _____ *Fax: _____</p> <p align="center">* <u>ANESTHESIOLOGIST EMAIL ADDRESS:</u></p> <p>_____</p>	<p align="center">_____ Anesthesiologist Representative</p> <p align="center">_____ Anesthesiologist</p> <p align="center">(other possible roles for Anesthesiologist)</p> <p align="center">_____ Backup Data and File Contact</p> <p align="center">_____ Data Quality Report Recipient</p> <p align="center">*Anesthesiologist NPI Number:</p> <p>_____</p> <p align="center">*Anesthesiologist ONLY - This Anesthesiologist is Board Certified :</p> <p align="center">Yes _____ NO _____</p>
<p align="center">* Anesthesiologist Name:</p> <p>_____</p> <p>*Organization: _____</p> <p>*Department: _____</p> <p>* Title: _____</p> <p>*Address: _____</p> <p>Address (line two): _____</p> <p>*City: _____</p> <p>*State/Province: _____ *Zip Code: _____</p> <p>*Phone: _____ Ext.: _____ *Fax: _____</p> <p align="center">* <u>ANESTHESIOLOGIST EMAIL ADDRESS:</u></p> <p>_____</p>	<p align="center">_____ Anesthesiologist Representative</p> <p align="center">_____ Anesthesiologist</p> <p align="center">(other possible roles for Anesthesiologist)</p> <p align="center">_____ Backup Data and File Contact</p> <p align="center">_____ Data Quality Report Recipient</p> <p align="center">*Anesthesiologist NPI Number:</p> <p>_____</p> <p align="center">*Anesthesiologist ONLY - This Anesthesiologist is Board Certified :</p> <p align="center">Yes _____ NO _____</p>

SCHEDULE B

(Name of Anesthesiologist Participant Group)

1. _____, M.D.^{1/} Address _____
Signature: _____
NPI: _____

2. _____, M.D. Address _____
Signature: _____
NPI: _____

3. _____, M.D. Address _____
Signature: _____
NPI: _____

4. _____, M.D. Address _____
Signature: _____
NPI: _____

5. _____, M.D. Address _____
Signature: _____
NPI: _____

6. _____, M.D. Address _____
Signature: _____
NPI: _____

7. _____, M.D. Address _____
Signature: _____
NPI: _____

8. _____, M.D. Address _____
Signature: _____
NPI: _____

9. _____, M.D. Address _____
Signature: _____
NPI: _____

^{1/} Identify the individual executing the main body of the Participation Agreement on behalf of the Anesthesiologist Participant group first.