## Surgery Registry Integration Application

Name of Participating Institution:

Digital Signature

Name of Surgery Registry:  American College of Surgeons - National Surgica	I Quality Improvement Program (ACS NSQIP) Database
Society of Thoracic Surgeons (STS) – General Th	
Society of Thoracic Surgeons (STS) – Adult Card	
Other: Please Identify:	
If you have a registry not on this list and you would like to inq	uire on integrating, please reach out to us at mpog-research@med.umich.edu
Name of Anesthesiology Clinical Champion:	
Email Address:	
Name of Surgery Clinical Champion:	
Email Address:	
Name of Anesthesiology/Surgery Registry IT Champion	·
Email Address:	
Name(s) of MPOG IT Support Personnel:	
Email Address(es):	
Name(s) of Surgery Registry IT Support Personnel:	
Email Address(es):	
Optional) Other Committed Surgery Clinical Faculty Co	ntacts:
Email Address(es):	
Optional) Anesthesia Admin Contact:	
Email Address:	
Optional) Surgery Admin Contact:	
Email Address:	
Attestation: I have reviewed the Surgery Registry FAQ values at the surgical registry noted above. Yes Please include a copy of your IRB Approval when surgical # of IRB describing surgical registry integration.	IRB and confirm that the IRB includes integration of ubmitting your application
Anesthesiology Chair	Date
Digital Signature	
Surgery Clinical Champion	Date