

# Surgery Registry Integration Application

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Name of Participating Institution:

Name of Surgery Registry:

American College of Surgeons - National Surgical Quality Improvement Program (ACS NSQIP) Database

Michigan Surgical Quality Collaborative (MSQC) Database

Michigan Value Collaborative (MVC) Database

Society of Thoracic Surgeons (STS) – *General Thoracic Surgery Database*

Society of Thoracic Surgeons (STS) – *Adult Cardiac Surgery Database*

Other: Please identify:

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 Contacts:

Email Address(es):

(Optional) Anesthesia Admin Contact:

Email Address:

(Optional) Surgery Admin Contact:

Email Address:

Attestation: I have reviewed the [Surgery Registry FAQ webpage](#). Yes

Attestation: I have reviewed our local performance site IRB and confirm that the IRB includes integration of data from the surgical registry noted above. Yes

Anesthesiology Clinical Champion Digital Signature

Date