

## **PARTICIPANT INFORMATION**

### ***Hospital***

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_  
(Registry Coordinator, neuroscience administrator, etc.)

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Primary Physician Participant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Stroke Coordinator: \_\_\_\_\_  
(Not necessarily primary contact for INSTOR)

Telephone number: \_\_\_\_\_

Contracting Manager: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

(Other members of the stroke team or contacts can be added online after establishing your account.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)