

REQUESTING STATE TRAUMA REGISTRY ACCESS

New Registry Users

To request a username and password for an account with Hospital Administrator access to the [Wisconsin Trauma Registry \(ImageTrend\)](#) email this completed form to the Trauma Registry Manager, Department of Health Services.

In the event of an individual requesting access for multiple facilities, only the signature of the trauma coordinator or facility program manager at the **primary facility** is required. For the creation of a new account with Hospital Administrator permissions, the facility trauma coordinator or program manager must send this signed form via email to DHSTrauma@dhs.wisconsin.gov, this document will not be accepted by any other party.

SIGNATURE – Facility trauma coordinator/program manager	Facility ID	Date
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The completion of this form is only required if no accounts with Hospital Administrator privileges exist within your Trauma Care Facility's section of the Wisconsin Trauma Registry. If a member of your Trauma Care Facility has these permissions, request a username and password for the ImageTrend Trauma Registry by contacting the user with Hospital Administrator access to your facility.