REQUEST FOR IMAGETREND PATIENT REGISTRY ACCESS

Instructions: To request a username and password for an account with access to the Wisconsin trauma care registry, ImageTrend Patient Registry, e-mail this completed form to the Department of Health Services Trauma Team.

The trauma coordinator or program manager of the facility should request access for new users. The request should include name of new user, work e-mail address, primary facility, additional facilities (if required), permission level (**hospital staff**: have ability to add incidents and read reports; **hospital administrators**: have ability to add incidents, read reports, add/edit staff, users, setup, and incidents), position, primary contact for facility, inactivate user previously in the same position. If the new user is filling the position of an active user in Patient Registry, the user previously in the position should be inactivated to remove access. The process of inactivating a user is performed by system administrators at DHS.

Name of new user (First, Last)	E-mail Address
Primary Facility	Position/Title

Permission Level	Primary Contact
☐ Staff ☐ Administrator	☐ Yes ☐ No

Inactivate User Previously in Same Position/Title:

☐ Yes ☐ No If yes, user's name:

SIGNATURE – facility trauma coordinator/program manager	Name (printed)	Date Signed