

## ENROLLMENT INSTRUCTIONS

Thank you for your interest in participating in the NCDR® CARE Registry®. Enrolling is as easy as 1-2-3:

1. The first step in completing the enrollment process is for you to review the following documents:
  - **Participant Contact Information Form:** This form provides the CARE Registry account management team with appropriate contact information for your hospital. Since our records show that you are currently a participant in one or more of the other NCDR registries, please be sure to include your Participant Identification Number on this form.
  - **CARE Registry-Specific Addendum:** This 3-page document details the obligations of both parties that are unique to the CARE Registry.
  - **An invoice for 2009 participation dues** based on your date of enrollment.
2. Next, fill out the contact information form, sign and date the addendum, and include the completed documents with your check made payable to the *American College of Cardiology Foundation*. Annual participation dues are prorated as outlined in the chart below:

Date of Enrollment	Participation Dues	Total Due
January 1, 2009 – June 30, 2009	\$3,595	<b>\$3,595</b>
July 1, 2009 – December 31, 2009	\$1,800	<b>\$1,800</b>

3. Please send your completed enrollment packet: 1) the Participant Contact Information form, 2) the Care Registry-Specific Addendum, 3) your invoice, and 4) your check for your participation dues, to:

**American College of Cardiology Foundation**  
**Attn: 2009 NCDR CARE Registry Enrollment**  
**P.O. Box 79231**  
**Baltimore, MD 21279-0231**

As soon as we receive and process your documents and check (please allow 10 business days for processing of your enrollment materials), we'll send you an email with your NCDR Participant ID Number and your User ID and Password for the CARE Registry User Website.

If you have any questions about the enrollment process, please call a CARE Registry Support Specialist at **800-257-4737**.

On behalf of NCDR, we look forward to your participation in the CARE Registry.

Sincerely,

The NCDR CARE Registry Account Management Team

The CARE Registry is an initiative of the American College of Cardiology Foundation, with partnering support from the Society for Cardiovascular Angiography and Interventions, the Society of Interventional Radiology, the American Academy of Neurology, the American Association of Neurological Surgeons/Congress of Neurological Surgeons, and the Society for Vascular Medicine and Biology.

**PARTICIPANT CONTACT INFORMATION**

Please complete the information requested below and include this document when you return your enrollment materials. *Only completed forms with valid email addresses will be processed.*

**NOTE:** Health systems must complete one form for each hospital enrolling.

We currently participate in these NCDR® registries (check all that apply):  
 ACTION Registry®-GWTG™       CathPCI Registry®       ICD Registry™  
 Our NCDR Participant ID Number is \_\_\_\_\_

**HOSPITAL** (please print clearly and legibly)

Health System (if applicable)	
Hospital Name	
Address 1	
Address 2	
City/State/ZIP Code	

**REGISTRY SITE MANAGER** (please print clearly and legibly)

Contact (First Name, Last Name)	
Title	
Address 1	
Address 2	
City/State/ZIP Code	
Telephone	(      )
Fax	(      )
Email	@

**CONTRACT MANAGER** (please print clearly and legibly)

Contact (First Name, Last Name)	
Title	
Address 1	
Address 2	
City/State/ZIP Code	
Telephone	(      )
Fax	(      )
Email	@

**CARDIOSOURCE® SET-UP** (please print clearly and legibly): Registry participation also includes free access to Cardiosource, our educational Website that includes over 1,000 clinical trials, all ACC evidence-based practice guidelines, study guides, and more.

Technical Contact (First Name, Last Name)	
Email	@
IP Address Range*	

\*IP addresses may be obtained from your Information Technology network staff. Please advise them we need the network source address block(s) for your NAT range or any proxy servers which provide your users with access to the internet. These are the IP range(s) from which we would see them as originating. For example, if you own the following 25.254.\*.\* network range but your users only originate from a smaller subnet range (ex. 25.254.5.\*), please submit that subnet range. We are only interested in network addresses, not subnet masks (ex. 255.255.255.0). If you have multiple addresses, please separate by a semicolon (ex. 155.246.\*.\*; 129.35.2.\*). For additional information, please contact technical support at csinst@acc.org.

## CARE Registry® Addendum

### ADDENDUM OF AGREEMENT BETWEEN NCDR® PARTICIPANT AND THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

**THIS ADDENDUM** (“Addendum”) is made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (“Effective Date”), between the American College of Cardiology Foundation (“ACCF”), a non-profit, tax-exempt organization with office located in Washington, DC, and \_\_\_\_\_ (“Participant”) (collectively “Parties”). This Addendum adds certain terms, including participation in an additional ACCF Registry, to the Master Agreement relating to Participant’s participation in the American College of Cardiology Foundation National Cardiovascular Data Registry (“NCDR®”) dated the \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_ (Master Agreement”);

#### **RECITALS:**

**WHEREAS**, in accordance with Section 1.a. of the Master Agreement, the Parties wish to add an additional Registry to the Master Agreement and to document Participant’s participation in the additional Registry on the terms and conditions of the Master Agreement, except to the extent additional or modified terms and conditions are specifically added by this Addendum.

**WHEREAS**, The Parties acknowledge that the NCDR now consists of four unique hospital-based registries: ACTION Registry®-GWTG™, the CARE Registry®, the CathPCI Registry®, and the ICD Registry™, as well as one office-based registry, the IC3 Program®;

**WHEREAS**, the additional Registry to which the Parties desire to extend the Master Agreement to is the CARE Registry (“CARE Registry”).

**NOW, THEREFORE**, in consideration of the mutual promises and agreements hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by ACCF and Participant,

#### **IT IS AGREED:**

1. The Parties agree that all of the Recitals are true and correct and are hereby incorporated by reference into this Agreement. All defined terms in the Master Agreement have the same meaning in this Addendum unless otherwise specifically stated.

## CARE Registry® Addendum

2. The Parties recognize that all obligations detailed in the existing Agreement apply to participation in the CARE Registry.
3. The ACCF has developed a web-based data collection tool (“Tool”) for submission of Participant’s clinical data in the CARE Registry and this Tool, meets the requirements of ACCF approved software as outlined in paragraph 2.b. of the existing Agreement. . Participant acknowledges that in order for Participant to elect use of tool Participant must indicate use of the Tool on the site profile.
4. Participant recognizes that use of the Tool will require Internet Explorer 6.0 or higher.
5. The ACCF has developed a training mechanism detailing the functionality of the Tool. The training mechanism is specifically the intellectual property of the ACCF under Section 7.b. of the Master Agreement. It is the responsibility of the Participant to review the provided training materials and use the Tool as detailed in the materials. The ACCF reserves the right to amend or update the training materials periodically. The ACCF will notify the Participant of amendment of the training material and will make the material available to the Participant.
6. The ACCF will provide support via telephone and e-mail during normal business hours Monday through Friday, 9:00 a.m. -5:00 p.m. eastern time. Support will not be offered on the weekend or federal holidays. The ACCF will provide technical support for the utilization of Tool only. It is the responsibility of the Participant to handle any issue related to hardware requirements required to utilize the Tool.
7. The ACCF shall use reasonable efforts to promptly resolve any failure of the Tool to perform which materially impairs the Participant’s use of the Tool or any malfunction or defect of the Tool, including through updates or corrections.
8. The ACCF shall deliver corrections to the Tool in the form of updated versions or revisions to the Tool.
9. The Parties agree that all Electronically Protected Health Information submitted via the Tool to ACCF is covered and protected under Appendix A of the Master Agreement.
10. All other terms of the Master Agreement shall remain in force and unchanged.

**CARE Registry® Addendum**

**WITNESS WHEREOF**, each of the parties hereto has caused this Addendum to be executed by its duly authorized agents

**American College of  
Cardiology Foundation**

**Participant**

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**INVOICE**

Please choose one:	Description	CARE Registry® Participation Dues	Invoice Amount
	<b>We are enrolling in the CARE Registry <u>before</u> June 30, 2009</b>	\$3,595	<b>\$3,595</b>
	<b>We are enrolling in the CARE Registry <u>after</u> June 30, 2009</b>	\$1,800	<b>\$1,800</b>

**Amount Enclosed \$\_\_\_\_\_**

**Please make your check payable to the *American College of Cardiology Foundation***

Your Name *(please print clearly)* \_\_\_\_\_

Title \_\_\_\_\_

Department \_\_\_\_\_

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**INSTRUCTIONS**

Please review, complete, and sign the following CARE Registry® enrollment materials:

- Participant Contact Information Form
- CARE Registry-Specific Addendum
- This invoice

Mail the three completed forms with your check to:

**American College of Cardiology Foundation  
Attn: 2009 NCDR CARE Registry Enrollment  
P.O. Box 79231  
Baltimore, MD 21279-0231**