



_____ (facility) hereby directs SouthEast Texas Regional Advisory Council (SETRAC) that the following individuals are authorized to set up an account in the SETRAC Stroke Database, are responsible for submitting monthly data, and for the accuracy of submitted data.

Representative #1: _____

Email: _____

Representative #2: _____

Email: _____

Any changes to these representatives must be approved by:

Name: _____

Title: _____

Signed (Facility CEO or designee):

_____ Name

_____ Title

_____ Date

Please return the forms to catherine.bissell@setrac.org or fax to 281-822-4668.