



_____ (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: _____

Title: _____

Email: _____

Phone: _____

Representative #2: _____

Title: _____

Email: _____

Phone: _____

Any changes to these representatives must be approved by:

Name: _____

Title: _____

Facility CEO (or designee) approval:

Signature: _____

Name: _____

Title: _____

Date: _____

Please return this form via email to grace.farquhar@setrac.org or fax to 281-822-4668.