



Interagency Registry for Mechanically Assisted Circulatory Support

## Enrollment Guidelines

In order to begin submitting patient data to INTERMACS<sup>sm</sup>, you must enroll your medical center. You may complete the enrollment process online at [www.intermacs.org](http://www.intermacs.org). (Please note: no paper enrollment forms will be accepted by INTERMACSSUPPORT)

Please follow the steps listed below:

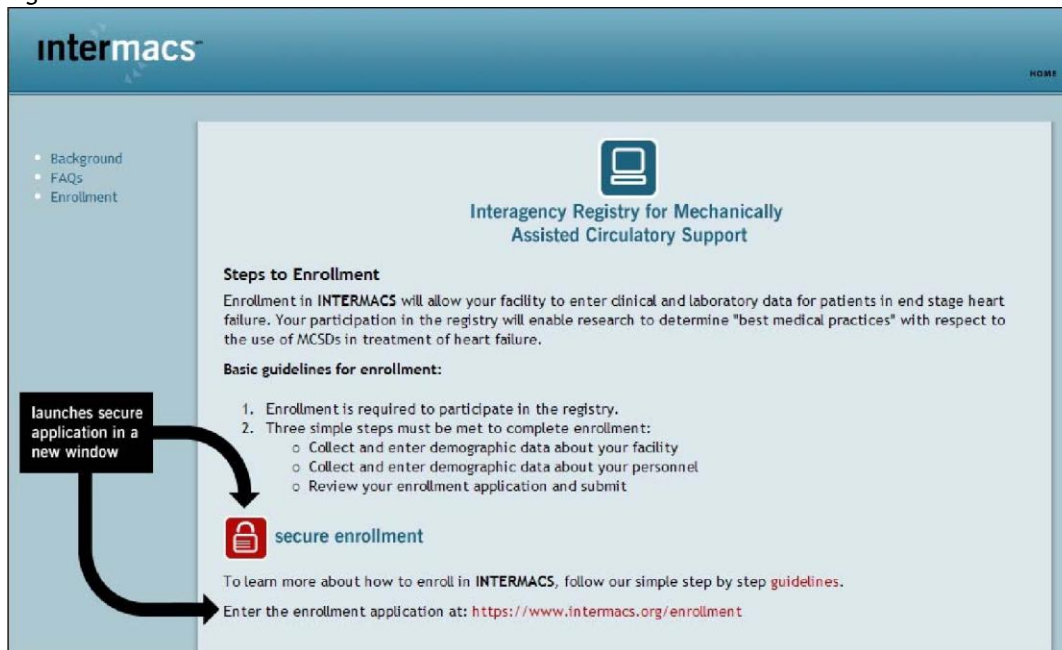
- 1) Access INTERMACS<sup>sm</sup> online by entering [www.intermacs.org](http://www.intermacs.org) in your web browser.
- 2) Identify and select the **Enrollment** link in the left hand margin.
- 3) Locate and select the **Secure Enrollment** icon or the secure link to launch the enrollment application in a new browser window. (See: Figure 1A)



secure enrollment

Enter the enrollment application at: <https://www.intermacs.org/enrollment>

Figure 1A



- 4) Follow the simple 3 step process to enroll your institution in INTERMACS<sup>sm</sup>

- a) **Enter Hospital Information** and respond to the IRB questions. Once you have completed all required fields select the **Continue** button to save the entry and automatically be taken to the **Enter Personnel Contact Information**. (See: Figure 2A)

**Please Note:** Your hospital's Institutional Review Board (IRB) must review this registry before you will be permitted to submit patient data into INTERMACS<sup>sm</sup>. If your IRB approves your application for



Interagency Registry for Mechanically Assisted Circulatory Support

participation in this registry, you must submit documentation of that decision to INTERMACSSUPPORT.

Electronic IRB documents may be submitted via e-mail at [support@intermacs.org](mailto:support@intermacs.org).

Alternately, IRB documents may be mailed to:

Ruth Henson  
INTERMACS Registry Coordinator  
700 N. 4<sup>th</sup> Street  
Richmond, Virginia 23219

**Requirements:**

Your facility is responsible for obtaining and maintaining all patient consents and all IRB documentation. Your center will not be activated in INTERMACS<sup>sm</sup> until proof of IRB approval or exemption has been submitted.

Figure 2A

**intermacs™**

**enrollment**

Welcome to INTERMACS (Interagency Registry for Mechanically Assisted Circulatory Support) enrollment application. Your participation in the registry will enable research to determine "best medical practices" with respect to the use of MCSOs for the treatment of heart failure.

**1. Enter Hospital Information**

Hospital name:\*

Address:\*

Address (cont.):

City:\*

State:\*

ZIP:\*

**Institutional Review Board Information**

Does your facility require IRB approval?  YES  NO  UNK

continue sends user to personnel information form



Interagency Registry for Mechanically Assisted Circulatory Support

- b) **Enter Personnel Contact Information**. Once you have completed all required fields select the **Continue** button to save the entry and automatically be taken to the listing screen. (See: Figure 3A)

Figure 3A

The screenshot shows the 'intermacs' logo at the top left and a progress indicator with steps 1, 2, and 3 at the top right. The main content area is titled 'enrollment' with a green icon. Below this is the section '2. Enter Personnel Contact Information'. The form fields are as follows:

- First name: John
- Middle initial: (empty)
- Last name: Doe
- Role:  Program Director,  Principal Investigator (A principal investigator must be assigned to establish enrollment),  Site Administrator (Only one site administrator may be assigned per Transplant Center),  Data Coordinator,  Lab Coordinator,  Other
- Address: 123 Sample Street
- Address (cont.): (empty)
- City: Sample town
- State: Alaska
- Zip: 12345
- Phone: 123-456-7890
- Fax: (empty)
- E-mail: johndoe@samplehospital.com
- Permissions: Please indicate the access level desired. Full access allows this user to enter or edit patient data for this medical center. Read only access only allows this user to view patient data for this medical center.  Full Access  Read Only

At the bottom of the form are two buttons: 'previous' and 'continue'. A callout box with a black background and white text points to the 'continue' button, stating: 'continue sends a user to an optional screen to allow for additional staff to be entered or to proceed to the final step'.

While at the listing screen you may elect to add additional personnel from your hospital as well as edit or delete these users. (See: Figure 3B)

- i) **Edit existing users**  
Select the edit icon from the personnel table and you will automatically be taken to **Enter Personnel Contact Information** in edit mode. Fields will highlight to show you are in edit mode. Make any necessary changes and select the **Update** button to automatically be taken to the listing screen. (See: Figure 3C)
- ii) **Delete existing users**  
Select the delete icon from the personnel table and you will view a verification message asking, "Do you want to continue deleting user?". Once you confirm the record will automatically be removed. (See: Figure 3D)



## Interagency Registry for Mechanically Assisted Circulatory Support

### iii) Adding additional users

Would you like to add another user?

Choose “yes” and select the **Continue** button you will automatically be taken to **Enter Personnel Contact Information** where you can add another user.

Choose “no” and select the **Continue** button you will automatically be taken to **Review Your Application** pending you have met the outlined requirements for role.

#### Requirements for role:

The enrollment application will **not** allow you to select the **Continue** button to complete hospital enrollment until you have identified, at minimum:

- one **Principal Investigator** to represent your hospital
- one **Site Administrator** as a primary contact for the registry

Figure 3B

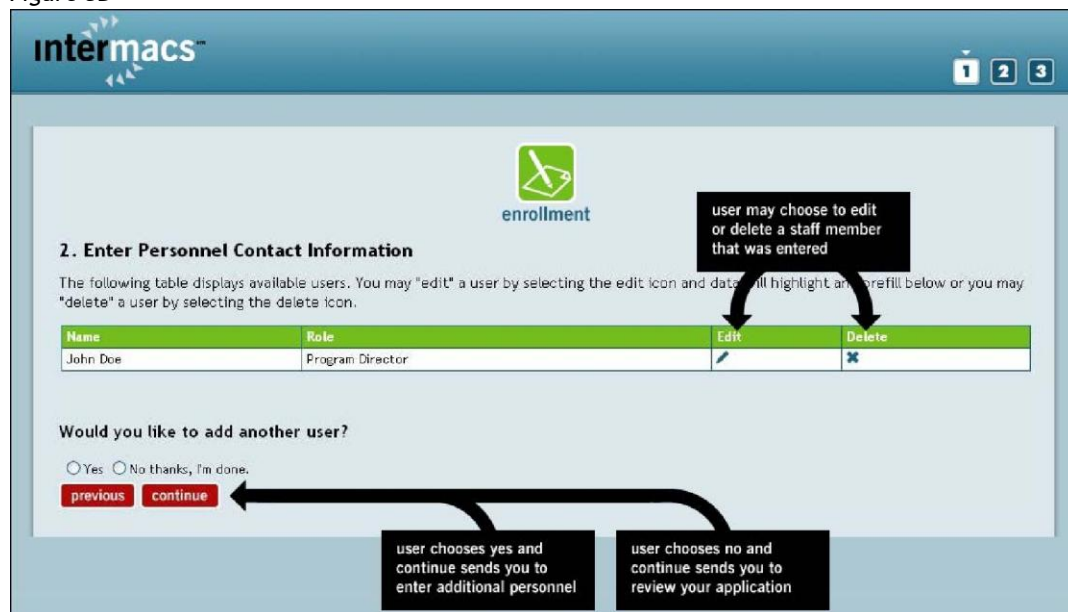


Figure 3C

**intermacs™** 1 2 3

  
enrollment

### 2. Enter Personnel Contact Information

To add another user simply complete the fields below. Remember at least one principal investigator and one site administrator must be identified.

Name	Role	Edit	Delete
John Doe	Principal Investigator		

First name:\*

Middle initial:

Last name:\*

Role:\*  
 Program Director  
 Principal Investigator (A principal investigator must be assigned to establish enrollment)  
 Site Administrator (Only one site administrator may be assigned per Transplant Center)  
 Data Coordinator  
 Lab Coordinator  
 Other

Address:\*

Address (cont.):

City:\*

State:\*

Zip:\*

Phone:\*

Fax:

E-mail:\*

Permissions:\*  
 Please indicate the access level desired. Full access allows this user to enter or edit patient data for this medical center. Read only access only allows this user to view patient data for this medical center.  
 Full Access  Read Only

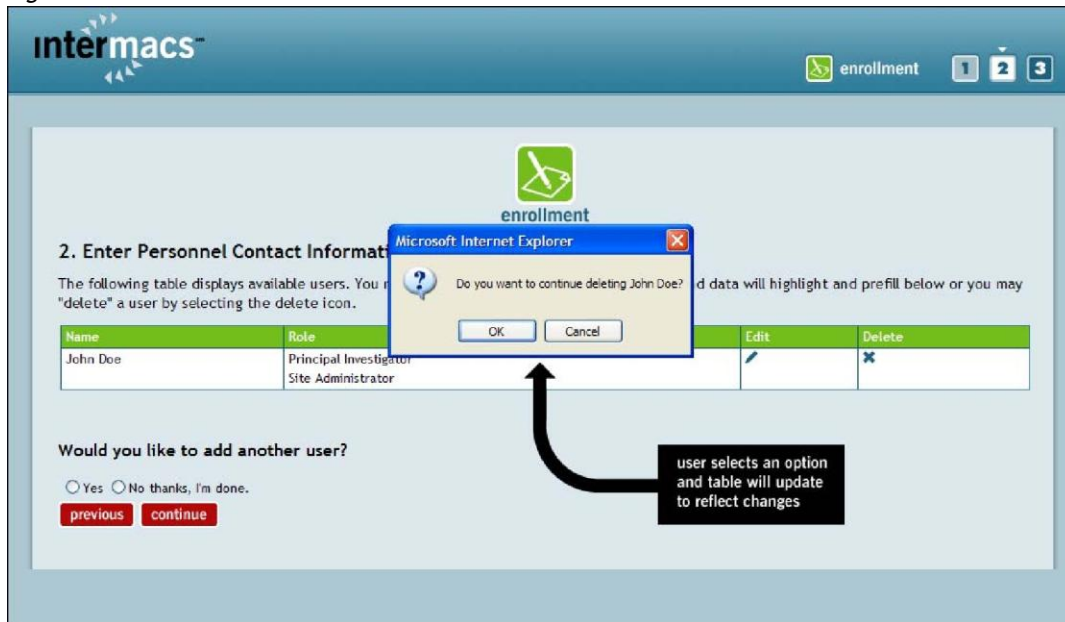
**update** sends a user to an optional screen to allow for additional staff to be entered or to proceed to the final step

**update**



## Interagency Registry for Mechanically Assisted Circulatory Support

Figure 3D



- c) **Review Your Application.** Once you have met all requirements, select the **Submit** button and you will automatically be taken to a confirmation screen. (See: Figure 4A)
- If you need to add or modify existing information at this time, select the **Previous** button to return to **Enter Personnel Contact Information**.
  - Once your application is complete and you have finished entering all data, select the **Submit** button to complete your enrollment.




Interagency Registry for Mechanically Assisted Circulatory Support

Figure4A

**intermacs™**

1 2 3

  
enrollment

### 3. Review Your Application

**Hospital Information**

Hospital name: Sample Hospital  
Address: 123 Sample Street  
Sample Town, AK, 12345

**Institutional Review Board Information**

Does your facility require IRB approval? unknown

**Contact Information**

Name: John Doe  
Role: Principal Investigator  
Site Administrator  
Address: 123 Sample Street  
Sample Town, AK, 12345  
Phone: 123-456-7890  
Fax:  
E-mail: johndoe@samplehospital.com

[previous](#) [submit](#)

submit completes the enrollment application and sends user to confirmation screen

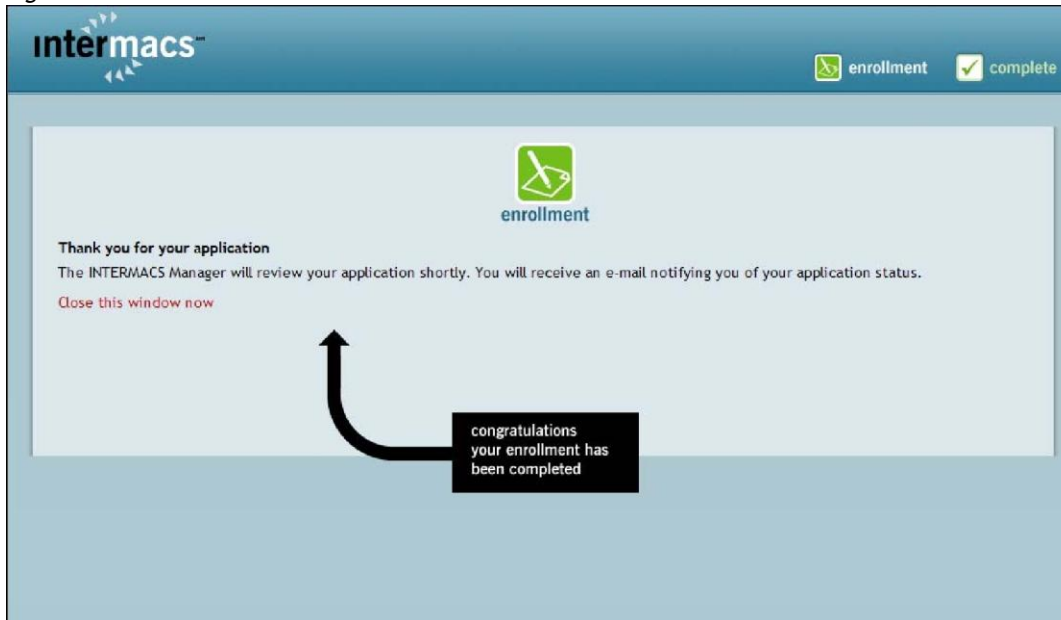


## Interagency Registry for Mechanically Assisted Circulatory Support

Once you have verified [Review Your Application](#) and selected the **Submit** button, you will automatically be taken to the [Confirmation](#) screen. (See: Figure 5A)

Select the link that says **“Close this window now”**. Congratulations you have completed your enrollment.

Figure5A



**Please Note:** After your initial enrollment, any modifications or additions **must be submitted to INTERMACSSUPPORT**. INTERMACSSUPPORT can be reached via telephone at 804-782-4072, 804-782-4077, or via e-mail at [support@intermacs.org](mailto:support@intermacs.org).