|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| hospital information | | | | | | | | |
| Hospital Name: | | | | | | | | |
| Address: | | | | OSHPD Code: | | | | |
| City: | State: | | | | | | | ZIP Code: |
| Phone: | Fax: | | | | | | | County: |
| Region#: | CCS Level: | | | | | | | Affiliation: |
| report contact | | | | | | | | |
| Name: | | | Title: | | | | | |
| Address: | | | | | | | | |
| City: | State: | | | | Zip Code: | | | |
| Dept.: | Phone: | | | | Email: | | | |
| neonatologist/Medical director | | | | | | | | |
| Name: | | | Title: | | | | | |
| Dept.: | Phone: | | | | Email: | | | |
| data contact #1 | | | | | | | | |
| Name: | | | Title: | | | | | |
| Dept.: | Phone: | | | | Email: | | | |
| data contact #2 | | | | | | | | |
| Name: | | | Title: | | | | | |
| Dept.: | Phone: | | | | Email: | | | |
| Transport #1 | | | | | | | | |
| Name: | | | Title: | | | | | |
| Dept.: | Phone: | | | | Email: | | | |
| transport #2 | | | | | | | | |
| Name: | | | Title: | | | | | |
| Dept.: | Phone: | | | | Email: | | | |
| quality improvement #1 | | | | | | | | |
| Name: | | | Title: | | | | | |
| Dept.: | Phone: | | | | Email: | | | |
| quality improvement #2 | | | | | | | | |
| Name: | | | Title: | | | | | |
| Dept.: | Phone: | | | | | Email: | | |
| invoice (Payment) contact | | | | | | | | |
| Name: | | | | Title: | | | | |
| Dept.: | | Phone: | | | | | Email: | |
| BAA/CONTRACT SIGNER | | | | | | | | |
| Name: | | | | Title: | | | | |
| Dept.: | | Phone: | | | | | Email: | |
| VON web services Administrator | | | | | | | | |
| Name: | | | | Title: | | | | |
| Dept.: | | Phone: | | | | | Email: | |
| VON web services Administrator (alternate) | | | | | | | | |
| Name: | | | | Title: | | | | |
| Dept.: | | Phone: | | | | | Email: | |
| VON Web Services Administrator (Alternate) | | | | | | | | |
| Name: | | | | Title: | | | | |
| Dept.: | | Phone: | | | | | Email: | |
| Signature | | | | | | | | |
| I authorize the verification of the information provided on this form. | | | | | | | | |
| Signature: | | | | | | | | Date: |