Request for Access to ImageTrend

# ICEMA Hospital Hub and Specialty Registry

Hospital Name: _____

| Last Name | First Name | Email | Requested User ID (Badge#, License#, Cert#, etc.) | Primary Role | Hub/Registry Check only those that apply |
|---|---|---|---|---|---|
| | | | | | Hospital Hub ☐<br>Registry - Stroke ☐<br>-Trauma ☐<br>- STEMI ☐ |
| | | | | | Hospital Hub ☐<br>Registry - Stroke ☐<br>-Trauma ☐<br>- STEMI ☐ |
| | | | | | Hospital Hub ☐<br>Registry - Stroke ☐<br>-Trauma ☐<br>- STEMI ☐ |
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