

Internal AHA use only:
NCDR Number: _____



Mission: Lifeline® Hospital Registration Form

Register your hospital with Mission: Lifeline! We are encouraging all hospitals to register in order to receive updated information and Mission: Lifeline Reports*.

Please complete this form and fax to: 214-706-1954 OR email completed forms to Missionlifeline@heart.org.

**The Mission: Lifeline Reports are only available to hospitals who are currently participating in [ACTION Registry® - GWTG™](#).*

Our facility is a (check one):

STEMI- Receiving Center

STEMI Referral Center

Yes, we do measure patient outcomes at our hospital and participate in ACTION Registry- GWTG.

Yes, we do measure patient outcomes at our hospital and do not participate in ACTION Registry- GWTG.

No, we do not measure patient outcomes at our hospital.

Hospital Name: _____
(Please Print)

Hospital Address: _____
(City, State, ZIP)

STEMI System Name (if applicable) _____

Hospital Representative Printed Name

Title

Hospital Representative Signature

Date

Phone Number

E-mail Address

To learn more about how your hospital can be recognized by Mission: Lifeline, go to <http://www.heart.org/missionlifeline>