

NATIONAL TAVI REGISTRY

Hospital Registration for Hospitals Performing Transcatheter Aortic Valve Implantation (TAVI)

The Commonwealth Department of Health has authorised the Australian & New Zealand Society of Cardiac & Thoracic Surgeons (ANZSCTS) and the Cardiac Society of Australia and New Zealand (CSANZ) to develop the processes and criteria for the accreditation of TAVI Practitioners and carry out the accreditation, reaccreditation and deaccreditation of those Practitioners. As part of that process, TAVI practitioners are required to submit data to the **National TAVI Registry**. Information on the accreditation processes and what the requirements are for a Clinically Acceptable TAVI Hospital, can be found at www.tavi.org.au

In order for TAVI Practitioners to submit data to the National Registry, the hospital at which the procedure is performed must be registered with ACOR.

How to register your hospital:

- Contact SAHMRI directly to find out if your hospital is already approved for ethics and local governance. Please email acor-registry@sahmri.com or phone 1800 290 571
- Should ethics and/or local governance still be required for your site, scope any specific requirements that are in place and provide support with associated site submissions
- A Client Services Agreement (CSA) will require signature by the appropriate representation for your site. The CSA is a contract between the participating site and ACOR and discusses further the obligations of both parties in contributing to the national database
- Complete the Registration Form and email to info@acor.net.au

Once all ethics, local governance requirements and hospital registration have been established, practitioners will be provided with login credentials and application training.

A fee of \$5,000 applies per hospital payable at the time of registration. To retain hospital registration an annual fee applies.

If you have further enquiries, please email info@acor.net.au or phone (02) 9226 7994

REGISTRATION FORM

Clinically Acceptable TAVI Hospital

SITE INFORMATION		
Hospital:		
Accounts Contact:		
Address for correspondence:		
Suburb:	State:	Postcode:
Email:		Phone:

Complete the above form and email to info@acor.net.au

Following completion of the registration process an invoice will be issued for the Registration Fee.