

Annex 1. Summary of the Implementation plan/ Checklist

Please complete the following table providing specific details of resources, objective, activities included in the action plan, and budget.

Hospital Name:		City/Country:	Tier:
Registry coordinator:		Title:	Expected Implementation Date:
Email:		Phone:	Data Collection Target:
Description of Resources			Total budget: \$
Financial:			\$
Equipment:			\$
Human Resources:			\$
Access Fees:			\$
Inclusion Criteria Definition:			
Action Plan			
Training Plan for users:			
Data Extraction Method:			
Data Collection Method:			
Performance Monitoring and Data Validity:			
Data Analysis and Reporting of Results:			
Anticipated utilization of Data Results and QI Activities:			
Potential Barriers:			

*** This summary table must be filled out and submitted with the signed Memorandum of Understanding.

 Signature/Date