



## PACCMAN Member Registration Form

If you agree to the terms stated in the PACCMAN Constitution and would like to join PACCMAN, please fill up the registration form and send it to the PACCMAN Secretariat at [patricia.tay@scri.cris.sg](mailto:patricia.tay@scri.cris.sg)

<b><u>Member information</u></b>	
Full name	
Highest degree	
Designation	
Department/Institution	
Office Mailing Address	
Email Address	
Research interests:	



<b><u>Site Information</u></b>	
Name of hospital / Affiliation 1	
Affiliation 2 (if any)	
Type of hospital	<input type="checkbox"/> Tertiary referral centre <input type="checkbox"/> Teaching/academic centre <input type="checkbox"/> District hospital <input type="checkbox"/> Others: _____
Number of pediatric intensive care unit (PICU) beds	
Estimated number of PICU admissions per year	
Type of PICU admissions (choose all that apply)	<input type="checkbox"/> Medical <input type="checkbox"/> Oncology <input type="checkbox"/> Surgical <input type="checkbox"/> Neurosurgical <input type="checkbox"/> Cardiothoracic <input type="checkbox"/> Neonatal <input type="checkbox"/> Others: _____
Will retrospective data collection be feasible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your PICU use electronic medical records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will prospective trials be feasible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is biological sampling for research feasible at your center?	<input type="checkbox"/> Sampling <input type="checkbox"/> Storage <input type="checkbox"/> Processing <input type="checkbox"/> Shipping