

# Who is on your team?

Use this worksheet to designate contacts and team members for each of ACTION's patient populations.

When you have a new team member at your site, submit their information in this [survey](#).

This will allow each of your team members to receive personalized communications from ACTION.

**Site PI(s):** \_\_\_\_\_

## Types of Team Members

**Site Lead:** main contact for specified patient population's communications and projects

**Project Team:** supporting team members at your site that are involved with patient population work

**Data Entry:** supporting team members at your site that enter data

**Other:** those from your site that are not directly involved but are interested in hearing about the progress

### Ventricular Assist Device Care

Name	Role
• _____	<input type="checkbox"/> VAD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> VAD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> VAD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> VAD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> VAD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other

### Heart Failure Care

Name	Role
• _____	<input type="checkbox"/> HF - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> HF - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> HF - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> HF - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> HF - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other

### Fontan Advanced Therapy Care

Name	Role
• _____	<input type="checkbox"/> Fon - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> Fon - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> Fon - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> Fon - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> Fon - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other

### Muscular Dystrophy Cardiac Care

Name	Role
• _____	<input type="checkbox"/> MD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> MD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> MD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> MD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other
• _____	<input type="checkbox"/> MD - Site Lead <input type="checkbox"/> Project Team <input type="checkbox"/> Data Entry <input type="checkbox"/> Other