

**Illinois Hospital Report Card Act**  
**IDPH Infection Reporting – SCIP Data**

**Hospital Designation of Primary and Secondary Contacts**  
**(and Vendor contact if vendor sending XML on behalf of Hospital)**

Please designate the primary and secondary contacts at your hospital for reporting SCIP data to the Illinois Department of Public Health through the Illinois Hospital Association.

**Person Completing This Form**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

City/Town: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Hospital Primary Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Hospital Secondary Contact**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Vendor Contact - ONLY provide if vendor sending XML on behalf of Hospital**

Vendor Name: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please complete and return this form to [perfmeas@ihastaff.org](mailto:perfmeas@ihastaff.org). After receiving and processing this form, IHA will mail to the “Primary Contact” listed above with your hospital’s “Log-on and Password” for submitting SCIP data. Thank you.