ICU REGISTRATION FORM

DIlatational percutaneous vs Surgical tracheoStomy in intEnsive Care uniT: A Practice Pattern Observational Multicenter Study (DISSECT study)

An ISCCM Research Project

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ICU REGISTRATION FORM

Name of the Hospital: ________________________________
City: ________________________________

Type of ICU:
☐ Medical    ☐ Surgical    ☐ Mixed Medical Surgical    ☐ Cardiac

Type of Hospital
☐ Public    ☐ Private

Principal Investigator (PI): ________________________________
Email: ________________________________ Mobile No: ________________

Co PI: ________________________________
Email: ________________________________ Mobile No: ________________