**Covid-19 Maxillofacial trauma and odontogenic infection audit**

**Collaborator registration form**

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| --- | --- |
| Hospital name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Trust name:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Clinical lead / OMFS Covid-19 Lead | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Collaborators’ details** (add as many lines as necessary)

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| --- | --- | --- | --- | --- |
|  |  |  |  | Indicate which audits you need access to |
| Full name | Work email address | Phone number (optional) | Role in project (clinical lead, data entry…) | Infection | Trauma | Trach |
| *John Smith* | *john.smith@nhs.net* | *07712345678* | *Data entry* | *X* |  | *X* |
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