

Form 2. TxHSN (PAE) DATA CONTACTS

Facility Name: _____ NHSN ID (if applicable): _____

Facility Physical Address: _____

PAE REPORTING CONTACTS

DSHS USE ONLY:
Contacts Updated?

NOTE: The following contacts will be responsible for reporting and answering questions about PAE data. **PLEASE CONSULT WITH YOUR QUALITY/RISK MANAGEMENT PERSONNEL**

PAE Reporting Contact:

Name Title

Telephone Number Fax Number (optional) E-mail Address

PAE Reporting Contact (optional):

Name Title

Telephone Number Fax Number (optional) E-mail Address

CEO/ADMIN CERTIFICATION STATEMENT

I, _____ (*print name*) approve the following contact information updates.
CEO/Other "O" Suite Administrator

CEO/Other "C" Suite Administrator Signature

Date

Please complete this page and email to PAETEXAS@dshs.texas.gov