



600 Central Ave. Ste 265 | Highland Park, IL 60035  
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## Patient Safety Data Reporting User Authorization Form

Facility Name: \_\_\_\_\_ Facility ID #: \_\_\_\_\_

### New PSDR Primary User Information:

First Name: \_\_\_\_\_ Email: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Suffix: \_\_\_\_\_

**I authorize this individual to be added as my facility's primary PSDR user account.**

\_\_\_\_\_  
Medical Director Name

\_\_\_\_\_  
Medical Director Signature

\_\_\_\_\_  
Date

Please submit this form via fax or email (preferred methods) or mail to the QUADA PSDR Team for the change to be made to your PSDR account.

Email: [info@QuadA.org](mailto:info@QuadA.org)

Fax: (847) 775-1985

Mail: QUADA  
600 Central Ave, Suite 265  
Highland Park, IL 60035