

# Case Observation Form

<b>Observation Candidate:</b>	
<b>Date of Observation:</b>	
<b>Hospital:</b>	
<b>Procedure:</b>	
<b>Surgeon:</b>	
<b>Pump Time:</b>	
<b>Cross Clamp Time:</b>	
<b>Staff Perfusionist:</b>	
<b>Perfusionist's Email:</b>	
<b>Perfusionist's Phone:</b>	
<b>Comments/Case Description:</b>	
<b>Candidate's Signature:</b>	
<b>Perfusionist's Signature*:</b>	

\*In signing this I certify that the candidate attended and observed the case described above.