Rush University

Case Observation Form

Observation Candidate:	
Date of Observation:	
Hospital:	
Procedure:	
Surgeon:	
Pump Time:	
Cross Clamp Time:	
Staff Perfusionist:	
Perfusionist's Email:	
Perfusionist's Phone:	
Comments/Case Description:	
Candidate's Signature:	
Perfusionist's Signature*:	
	*In signing this I certify that the candidate attended and observed the case described above.
	ellence is just the beginning.

Cardiovascular Perfusion Program

College of Health Sciences