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| Please fill in the required fields: | |
| - Candidate name & surname: | |
| - Supervisor: | |
| - Center, City, Country: | |
| - Director of Cardiology department: | |

Instructions:

Kindly note logbooks will be checked by ESC Certification Office and will be sent to EHRA graders only if correctly completed according to the instructions.

- Please indicate 50 follow-ups of CRT devices performed as first operator.
- Candidates should keep a final report of each follow-up (printout or electronic format) to be submitted additionally if requested.
- Follow-up date: must be filled in chronological order starting from the oldest. All submitted follow-ups must have been performed in a 3-year time period, starting from 3 years before to 3 years after the exam.
- Patients' initials: Candidates should include only patient's initials and not his/her full name.
- Patient Hosp record #: Hospital record number pertaining to A41 respective patient.
- Device type: indicate if CRT-P (biventricular pacemaker) or CRT-D (biventricular defibrillator).
- Comments: please report any additional information needed.

| # | Follow-up date | Patients' initials | Patient Hosp record# | Device type | Comments |
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| You may add more procedures than the 50 requested, but no more than 10 extra cases. | | | | | |
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