

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.	
<ul style="list-style-type: none"> - Please indicate 25 ICD implantations performed as 1st operator. - Generator replacements should not be included in the logbook. - Candidates should keep a copy of each procedure's full report to be submitted additionally if requested. - Procedure date: must be filled in chronological order starting from the oldest. All submitted procedures 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 patients' initials and not his/her full name. - Patient Hosp record #: Hospital record number pertaining to the respective patient. - Device type: indicate if SC-ICD (single-chamber ICD), DC-ICD (dual-chamber ICD), or CRT-D (biventricular defibrillator). CRT-D implantation procedures included in this list should not duplicate with implantations reported in the list of CRT devices. - Complications: indicate if any and outcomes - Comments: please report any additional information needed. 	

#	Procedure date	Patients' initials	Patient Hosp record #	Device type	Complications	Comments
1						
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You may add more procedures than the 25 requested, but no more than 5 extra cases.						
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