



Device Implantation:

Center, City, Country: [Redacted]

Operator's Name: [Redacted]

Cardiology Service Director: [Redacted]

Hospital Director: [Redacted]

Please indicate at least 100 implantations* (including 20 ICDs and 10 CRTs) performed as first operator (procedures # not in bold are the maximum number of extra cases you may add)

***A template for ICDs and CRTs is available after this file.**

#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

Please make sure to put the procedures in the chronological order

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
51							

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
52							
53							
54							
55							
56							
57							
58							
59							
60							
61							
62							
63							
64							
65							
66							
67							
68							

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
69							
70							
71							
72							
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							

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***A template for ICDs and CRTs is available after this file.**

#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							

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Please indicate at least 20 ICDs performed as first operator (procedures # not in bold are the maximum number of extra cases you may add)

#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							

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#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

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Device Implantation:

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Cardiology Service Director:

Hospital Director:

Please indicate at least 10 CRTs performed as first operator (procedures # not in bold are the maximum number of extra cases you may add)

#	Procedure date	Patient initials	Patient Hosp record #	Device	Result	Complications	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

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