AMERICAN SOCIETY OF EXTRACORPOREAL TECHNOLOGY
Lead - Collaborate - Educate - Care

AmSECT Cardiovascular Pre-Perfusion Log

Applicant Name: _____

Date of Interaction: _____

Interaction Type (choose one): ◯ Case Observation #__
◯ Conversation # __

Cumulative Hours Spent: _____

Hospital: _____

If Case Observation:

Case Type: _____

Surgeon: _____

Pump Time: _____ Cross Clamp Time: _____

Description / Takeaways:

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Perfusionist's Name & Contact Information (email or phone number):

_____

Perfusionist's Signature: _____

Applicant's Signature: _____