

Procedure Summary

Name of Physician: _____

Name of Institution: _____

Total Months spent in the Cath Lab:

Served as a **primary fellow** on the following cases:

LHC:

RHC:

RHC with biopsy:

Renal angiograms:

Peripheral angiograms:

Cerebral angiograms:

Coronary Interventions:

- STEMI PCIs:
- CTO PCIs:

Endovascular Interventions:

- Renal PTAs:
- Carotid PTAs:

Radial access:

Closure devices: Angioseal –

 Mynx –

 Perclose –

 Others: _____

Pericardiocentesis:

IABP:

IVUS:

FFR:

Angiojet:

PFO/ASD closure:

Balloon Aortic Valvuloplasty:

Balloon Mitral Valvuloplasty:

IVC filter:

Pseudoaneurysm closure with thrombin:

Complications (personally responsible for): i.e.

Retroperitoneal hematoma due to access issues:

Dissection of CIA during diagnostic angiogram:

Others:

Assisted as **secondary fellow** on the following cases:

Observed other cases:

NOTE: This Procedure Summary Log should be signed by the Cath Lab Director