

**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION
PERFUSION BASIC SCIENCE PERFUSION RECORD**

Perfusion Program/School _____

Student _____ Program Director _____

Signature _____ Signature _____

	DATE Month/Day/Year	NAME OF HOSPITAL	TYPE OF OPERATION	SURGEON
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	DATE Month/Day/Year	NAME OF HOSPITAL	TYPE OF OPERATION	SURGEON
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