



**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION  
PERFUSION BASIC SCIENCE PERFUSION RECORD  
FOR PBSE EXAMINATION (Computer may be used to input case information)**

- Documentation of at least 75 primary clinical perfusion activities
- *All cases performed after 08/01/2024 must be completed in the United States of America, U.S. Territories, and/or Canada in order to count toward the 75 cases necessary to sit for the ABCP Perfusion Basic Science Exam (PBSE).*
- 5 of the 75 Primary Clinical Perfusion Activities (PCPA) must qualify as 3P - ECMO or 6P -VAD per Table A of the Booklet of Information on pages 9-10.
- The remaining 70 (or more) PCPA must qualify as 1P - primary cardiopulmonary bypass (CPB).
- A minimum of 10 clinical pediatric cases requiring cardiopulmonary bypass must be observed or primary performed.
  - Observational pediatric (PEDS) cases do not count toward the 75 primary minimum case requirements.
  - Pediatric primary performed cases count towards the 75 primary case requirement.

Perfusion Program/School \_\_\_\_\_

Student Name \_\_\_\_\_

Program Director \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

	<b>DATE</b> Month/Day/Year	<b>NAME OF HOSPITAL</b>	<b>LOCATION</b> (i.e. City, State, Country)	<b>SURGEON/ATTENDING</b> <b>PHYSICIAN</b>	<b>CLINICAL INSTRUCTOR</b>	<b>TYPE OF</b> <b>OPERATION</b>	<b>PEDS</b> <b>[X]</b>
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	<b>DATE</b> Month/Day/Year	<b>NAME OF HOSPITAL</b>	<b>LOCATION</b> (i.e. City, State, Country)	<b>SURGEON/ATTENDING</b> <b>PHYSICIAN</b>	<b>CLINICAL INSTRUCTOR</b>	<b>TYPE OF</b> <b>OPERATION</b>	<b>PEDS</b> <b>[X]</b>
19							
20							
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	<b>DATE</b> Month/Day/Year	<b>NAME OF HOSPITAL</b>	<b>LOCATION</b> (i.e. City, State, Country)	<b>SURGEON/ATTENDING</b> <b>PHYSICIAN</b>	<b>CLINICAL INSTRUCTOR</b>	<b>TYPE OF</b> <b>OPERATION</b>	<b>PEDS</b> [X]
53							
54							
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59							
60							
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*List all observed and performed pediatric (PEDS) cases in table below.*

	<b>DATE</b> Month/Day/Year	<b>NAME OF HOSPITAL</b>	<b>LOCATION</b> (i.e. City, State, Country)	<b>SURGEON/ATTENDING</b> <b>PHYSICIAN</b>	<b>CLINICAL INSTRUCTOR</b>	<b>TYPE OF OPERATION</b>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

*List all performed ECMO/VAD cases in table below.*

	<b>DATE</b> Month/Day/Year	<b>NAME OF HOSPITAL</b>	<b>LOCATION</b> (i.e. City, State, Country)	<b>SURGEON/ATTENDING</b> <b>PHYSICIAN</b>	<b>CLINICAL INSTRUCTOR</b>	<b>TYPE OF OPERATION</b>
1						
2						
3						
4						
5						