Samp		Casa	
Jann	ЛС	Case	LUY

Requirement 5: Supervised Training

Transthoracic Examinations

Examinations performed and Interpreted

Physician's Full Name:

Physician's Date of Birth:

Attestation: I attest that this is an accurate recording of the cases performed and interpreted by myself and are complete critical care transthoracic echocardiograms.

Applicant's Signature: Date:					
Fellowship Director's Signature: Date:					
Number	Date Performed	Indications	Findings	Diagnosis	Attending

Example	MM/DD/YY	Hypotension	Hyperdynamic LV, Normal Valve Function, LVOT VTI of 23cm	Septic Shock	Dr. Smith
Example	MM/DD/YY	Suspected pericardial effusion with lactic acidosis	2.1cm pericardial effusion, Mitral valve inflow variation of 30%	Pericardial tamponade	Dr. Phillips
Example	MM/DD/YY	Respiratory Failure	Dilated right ventricle, severe TR, RVSP of 40mmHg, TAPSE of 14mm	Right ventricular Failure	Dr. Smith
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
(continue numbering)					

<u>*Note</u>: Under the **Supervised Training pathway** the attending should be listed as the physician with whom the findings were discussed.