



**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 _____

	DATE Month/Day/Year	NAME OF HOSPITAL	LOCATION (i.e. City, State, Country)	SURGEON/ATTENDING PHYSICIAN	CLINICAL INSTRUCTOR	TYPE OF OPERATION	PEDS [X]
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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18							

	DATE Month/Day/Year	NAME OF HOSPITAL	LOCATION (i.e. City, State, Country)	SURGEON/ATTENDING PHYSICIAN	CLINICAL INSTRUCTOR	TYPE OF OPERATION	PEDS [X]
19							
20							
21							
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	DATE Month/Day/Year	NAME OF HOSPITAL	LOCATION (i.e. City, State, Country)	SURGEON/ATTENDING PHYSICIAN	CLINICAL INSTRUCTOR	TYPE OF OPERATION	PEDS [X]
53							
54							
55							
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62							
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List all observed and performed pediatric (PEDS) cases in table below.

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

List all performed ECMO/VAD cases in table below.

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