



QUINNIPIAC UNIVERSITY
CARDIOVASCULAR PERFUSION PROGRAM
CLINICAL OBSERVATION FORM

I, _____ (Applicant Name), have had the opportunity to observe a surgical case utilizing cardiopulmonary bypass at _____ (Institution) on _____ (date).

Type of Case Observed _____

Please briefly describe your thoughts after your observation experience:

Applicant _____ (Sign/Print Name)

Perfusionist _____ (Sign/Print Name)