



**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:

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Applicant \_\_\_\_\_ (Sign/Print Name)

Perfusionist \_\_\_\_\_ (Sign/Print Name)