APPLICATION FOR CARDIOVASCULAR SURGERY SERVICE

Reply to:

HOSPITAL NAME

1. Name, experience or board eligibility or certification status of physician responsible for the catheterization laboratory:

2. Name, board eligibility or certification status, and training or experience of the radiologist(s) available to the service:

- 3. Number of persons assisting during cardiac catheterization procedures:
- 4. Names, disciplines, training and experience, (i.e., RN's or cardiovascular technicians, etc.) of personnel who assist during catheterization procedures:

- 5. Name and address of biomedical engineer consultant:
- 6. Name and board eligibility or certification status of physician responsible for cardiovascular surgery:

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- 7. Number of surgeons constituting the team for performance of cardiovascular procedures requiring extracorporeal bypass:
- 8. Names and board eligibility or certification status of the surgical team surgeons:

- 9. Names and board eligibility or certification status of anesthesiologists available to the service:
- 10. Number of cardiac catheterizations performed annually:
- 11. Number of cardiovascular procedures requiring extracorporeal bypass performed annually:
- 12. Does the hospital have an intensive care service with respiratory care capabilities?

YES	NO
	110

- 13. Mortality (within 24 hours of catheterization or surgery):
 - Catheterization: Over age 1 year:

Under age 1 year:

Surgery: Over age 1 year:

Under age 1 year: