



Master of Science
Cardiovascular Perfusion Program

Case Observation/ Perfusionist Interview Form

Observation Candidate:	
Date of Observation/ Interview:	
Hospital:	
Procedure:	
Staff Perfusionist:	
Perfusionist's Contact Info Email: Phone Number:	
Comments/ Case Description:	
Interview Information obtained from Perfusionist:	
Candidate's Signature:	
Perfusionist's Signature*:	