

# LOG BOOK OF FTEE

(Fellowship of Perioperative Trans Esophageal  
Echocardiography)



**Indian College of Cardiac Anaesthesia**  
**Indian Association of Cardiovascular Thoracic Anaesthesiologists**

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**Institution Name / Logo**

**NAME: Dr.**

**ACADEMIC QUALIFICATIONS:**

**PERIOD OF ECHO Training/ Imaging:**

## **CERTIFICATE**

I hereby certify that I have performed /assisted the Trans Esophageal  
Echocardiographic imaging of all the cases described in the work record. The  
imaging was under the able guidance of the consultants of Department/Division of  
Cardiac Anaesthesia, .....

Place:

Date:

Signature:

**Dr.**

Dr.....has satisfactorily carried out the  
minimum required TEE imaging under supervision and independently.

**Prof./ Dr.**

Seal

Institution:

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# **ACADEMIC ACTIVITIES**

(Echo related)

### ACADEMIC PRESENTATIONS (Echo related)

DATE	TOPIC	MODERATOR	SIGNATURE (Moderator/Fellowship in charge)

### ACADEMIC SESSIONS (Echo related) ATTENDED

S. No	Date	Topics	Presenter
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



## **ECHO PRESENTATION IN WORKSHOPS/CONFERENCES**

<b>DATE</b>	<b>WORKSHOP/ CONFERENCE</b>	<b>POSTER/ PODIUM</b>	<b>TITLE</b>

## **ECHO BASED RESEARCH PROJECTS**

Title:

Investigators:

Ethics committee approval:

Aims and Objectives:

Methods:

Results:

Conclusion:







# **TEE Report of 100 Individual Cases**