INDIAN COLLEGE OF OBSTETRICIANS AND GYNAECOLGISTS

The Federation of Obstetric and Gynaecological Societies of India (FOGSI) office.

Trade World, C-5,6,7,9,12,13, 1st Floor, D wing Entrance, Kamala City, Senapati
Bapat Marg, Lower Parel (W), Mumbai-400013. Tel Nos. 022-2302 1648/1654/1343

Email: icogoffice@gmail.com; Website: http://www.icogonline.org



Founded 1984

LOG BOOK for Certificate Course For Ultrasound in reproductive medicine

	Candidate Name:	
Examination Reg. No:	Examination Reg. No:	

Declaration

I,hereby do solemnly declare that all
information contained in this LOGBOOK is a true and accurate record of my professional
experience, education and training from to representing
the period of training for the Certificate Course in Ultrasound in Reproductive Medicine .
Signature of Candidate:
Trainee Number:
Trainee Number
Date:
Signature of Guide:

ICOG CERTIFICATE COURSE ULTRASOUND IN REPRODUCTIVE MEDICINE & OBSTETRICS Log Book

	PERSONAL DETAILS								
1.	Name (in full):								
2.	Date of Birth:								
3.	Date of Joining:								
4.	Permanent Address:								
5.	Address for communication:								
6.	Name of the College last studied:								
7.	Date of the joining for this course:								
8.	Qualifications:	Degree	Year of passing	University					
9.	Experience								
10.	Title of Thesis / Dissertation:								

OBSERVATION OF OBSTETRICS CASES

Sl. No.	Date	Name	Age	Diagnosis	Remarks
- 1.01					

Sl. No.	Date	Name	Age	Diagnosis	Remarks
1,00					

Sl.	Date	Name	Age	Diagnosis	Remarks
No.					

Viable Pregnancy (10), Non-Viable Pregnancy (10), Normal Biometry (10), Growth Restriction (10), Abnormal Pregnancy (Ectopic/Multiple) (10), Color Doppler (10)

GYNAECOLOGICAL ULTRASOUND CASES

Sl. No.	Date	Hospital No.	Name	Age	Indications	Procedure	Outcome	P/PA/A	Remarks

Sl. No.	Date	Hospital No.	Name	Age	Indications	Procedure	Outcome	P/PA/A	Remarks

Date	Hospital No.	Name	Age	Indications	Procedure	Outcome	P/PA/A	Remarks
	Date	Date Hospital No.	Date Hospital Name No.	Date Hospital Name Age No. Age Age Age Age Age Age Age	Date Hospital No. Age Indications No. No. Name Age Indications	Date Hospital Name Age Indications Procedure Age Indications Procedure	Date Hospital No. Name Age Indications Procedure Outcome	Date Hospital Name Age Indications Procedure Outcome P/PA/A

Sl.	Date	Hospital	Name	Age	Indications	Procedure	Outcome	P/PA/A	Remarks
No.		No.							

Gaynae Cases (10), IUCD (10), Fibroids (10), Ovarian Cysts (10), DUB (AUB) (10), T.V.S. Scans (10)

SPECIAL SCANS LOG

Sl. No.	Date	Name	Age	Indication	Procedure	Other Remarks
110.						ACMAI AS
			1			
			1			

Sl. No.	Date	Name	Age	Indication	Procedure	Other Remarks

Sl. No.	Date	Name	Age	Indication	Procedure	Other Remarks
					_	

Sl. No.	Date	Name	Age	Indication	Procedure	Other Remarks
					_	

Sl. No.	Date	Name	Age	Indication	Procedure	Other Remarks
					_	

Sl. No.	Date	Name	Age	Indication	Procedure	Other Remarks

Sl. No.	Date	Name	Age	Indication	Procedure	Other Remarks

50 Cases of Obstetrics, 50 Cases of Gynecology, 20 Obstetric Interventional Cases, 20 Gynaecological Interventional Cases

CLINICAL CASES

Date	Hospital No.	Diagnosis	Remarks and Signature of Moderator
	Date	Date Hospital No.	Date Hospital No. Diagnosis

SEMINAR/SYMPOSIA

Date	Subject	Remarks and Signature of Moderator

JOURNAL CLUB

Date	Name/ year of Journal	Subject Reviewed	Remarks and Signature of Moderator

CME / CONFERENCES ATTENDED

Date	Place	Name of CME/ Conference	Remarks and Signature by Guide

To attend at least 5 C.M.E. & Conferences

TITLES OF PAPERS PRESENTED / PUBLISHED

1.		
2.		
2.		
3.		
3.		
4.		
5.		
6.		
0.		
7.		
/.		
8.		
•		