



AMERICAN SOCIETY OF
EXTRACORPOREAL TECHNOLOGY
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Clinical Activity Report

Enter at least fifty (50) clinical cases in autotransfusion or Blood cell processing performed during the previous twelve (12) months. ALL information on this page must be completed and submitted with your Application. Please type your answers.

Case #	Date (Ex: 01/12/2018)	Facility Name	Procedure (BE SPECIFIC. Ex: Total Hip Arthroplasty, Posterior Spinal Fusion, etc.)	Surgeon Last Name	Procedure Type (Autotransfusion, platelet gel, or stem cell)	Adult or Pediatric
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