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Description automatically generated**



Core Training in Clinical EmbryologyLOGBOOK

Approved byThe European Society of Human Reproduction and Embryology (ESHRE)

and The European Board and College of Obstetrics & Gynaecology (EBCOG)

**TO BE COMPLETED** **EVERY YEAR OF TRAINING**

**AND BE AVAILABLE THROUGHOUT THE ASSESSMENT**

**AT THE END OF TRAINING THE COMPLETED LOGBOOK SHOULD BE**

**SENT TO ATCE CERTIFICATION COMMITTEE**

!!! Other logbooks are also allowed:

* If training was started between January 2022 and July 2024.
* If a national logbook is in use covering most of the ESHRE modules.

Trainee's name and surname (capital letters):

Click or tap here to enter text.

Tutor's name and surname (capital letters):

Click or tap here to enter text.

**Dates of beginning and provisional end of the training**:

From Click or tap to enter a date. until Click or tap to enter a date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Beginning of training** | **End of**  **training** | **Date of signature** | **Tutor's signature** |
| First (1) | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |  |
| Second (2) | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |  |
| Third (3) | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |  |
| Optional | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |  |

**Name and address of training departments / laboratories:**

|  |  |  |
| --- | --- | --- |
| **Department / Laboratory** | **Beginning of training** | **End of training** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. |

**TARGETS FOR THE FIRST (1) YEAR OF TRAINING**

Description by Tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training.  
Tutor can appoint several Trainers to train the Trainee in specific modules.

**To be completed at the beginning of the year of training.**

Date: Click or tap to enter a date.

**KNOWLEDGE :**Click or tap here to enter text.

**TECHNICAL SKILLS :**Click or tap here to enter text.

**TASKS :**Click or tap here to enter text.

**TARGETS FOR THE SECOND (2) YEAR OF TRAINING**

Description by Tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training.  
Tutor can appoint several Trainers to train the Trainee in specific modules.

**To be completed at the beginning of the year of training.**

Date: Click or tap to enter a date.

**KNOWLEDGE :**Click or tap here to enter text.

**TECHNICAL SKILLS :**Click or tap here to enter text.

**TASKS :**Click or tap here to enter text.

**TARGETS FOR THE THIRD (3) YEAR OF TRAINING**

Description by Tutor of what is expected in terms of knowledge, technical skills and fulfilment of tasks at the end of this year of training.  
Tutor can appoint several Trainers to train the Trainee in specific modules.

**To be completed at the beginning of the year of training.**

Date: Click or tap to enter a date.

**KNOWLEDGE :**Click or tap here to enter text.

**TECHNICAL SKILLS :**Click or tap here to enter text.

**TASKS :**Click or tap here to enter text.

**EVALUATION OF LABORATORY AND TECHNICAL SKILLS**

Every target defined in the ESHRE recommendation on training and assessment has an expected competence level that must be achieved. The level of competence ranges from observation (level 1) to independent practice (level 4 or 5).

***Many of the targets do not require an assessment of every competence level and shaded boxes indicate these.***

***Certain targets do not require the Trainee to be level 5 (Independent). These are identified by a grey box. The open targets require your Tutor to check your competence and sign you off.***

SCORING SYSTEM:

1: Passive attendance, assistance  
2: Needs close supervision  
3: Able to carry out procedure under some supervision  
4: Able to carry out procedure without supervision  
5: Able to supervise and teach the procedure

The general aim is to get at least mark 4.

1. **BASIC PRINCIPLES IN ART LABORATORY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Maintaining lab hygiene standards |  |  |  |  |  |  | Click or tap to enter a date. |
| Maintaining lab safety standards |  |  |  |  |  |  | Click or tap to enter a date. |
| Troubleshooting in basic principles |  |  |  |  |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

1. **LABORATORY EQUIPMENT AND OPERATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Equipment validation, calibration, maintenance, cleaning (e.g. incubators, workstations, microscopes, micromanipulators, centrifuges, heating plates, refrigerators, cryobank, measuring devices) | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Controlling of key physico-chemical variables | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Preparing and handling lab consumables & reagents | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Preparing lab documentation | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Preparing lab for start-up | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Preparing and handling culture media | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Ensuring optimal collection of biological specimens (fluids, tissues, gametes, embryos) | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Troubleshooting in lab set-up, equipment & operation | ☐ | ☐ | ☐ | ☐ |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

1. **SEMEN ANALYSIS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Macroscopic semen examination | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Motility | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Vitality | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Concentration | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Staining methods and cytological examination (sperm morphology, leukocytes) | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| QC management of semen analysis | ☐ | ☐ | ☐ | ☐ |  |  | Click or tap to enter a date. |
| Troubleshooting in semen analysis | ☐ | ☐ | ☐ | ☐ |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

1. **SPERM PROCESSING FOR ART**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | | Date |
| Selection of preparation method according to semen quality | ☐ | ☐ | ☐ | ☐ |  | |  | Click or tap to enter a date. |
| Preparation of ejaculated sperm for IUI and ART | ☐ | ☐ | ☐ | ☐ | ☐ |  | | Click or tap to enter a date. |
| Preparation of frozen / thawed sperm | ☐ | ☐ | ☐ | ☐ | ☐ |  | | Click or tap to enter a date. |
| Preparation of viral-positive semen | ☐ | ☐ | ☐ | ☐ |  |  | | Click or tap to enter a date. |
| Preparation of retrograde ejaculation sample | ☐ | ☐ | ☐ | ☐ |  |  | | Click or tap to enter a date. |
| Preparation of epidydimal / testicular sperm for ART | ☐ | ☐ | ☐ | ☐ | ☐ |  | | Click or tap to enter a date. |
| Identification and isolation of testicular sperm for ICSI | ☐ | ☐ | ☐ | ☐ |  |  | | Click or tap to enter a date. |
| Troubleshooting in sperm processing | ☐ | ☐ | ☐ | ☐ |  |  | | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

1. **OOCYTES PROCESSING FOR ART**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| COC pick-up | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Removing blood clots from COCs | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Distinguishing between endometrial cysts | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| COC / oocyte maturity and morphology evaluation | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Troubleshooting in oocyte processing |  |  |  |  |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

1. **OOCYTES INSEMINATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Reasoning about the appropriate insemination method according to sperm quality and patient history |  |  |  |  |  |  | Click or tap to enter a date. |
| Calculation of insemination volume for conventional IVF |  |  |  |  |  |  | Click or tap to enter a date. |
| Conventional IVF |  |  |  |  |  |  | Click or tap to enter a date. |
| Troubleshooting in conventional insemination |  |  |  |  |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

**VII. ICSI**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| ICSI with ejaculated sperm | |  |  |  |  |  |  | Click or tap to enter a date. |
| ICSI with epidydimal or testicular sperm | |  |  |  |  |  |  | Click or tap to enter a date. |
| ICSI in globozoospermia and artifical oocyte activation | |  |  |  |  |  |  | Click or tap to enter a date. |
| Troubleshooting in micromanipulation | |  |  |  |  |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

**VIII. EMBRYO CULTURE, EVALUATION OF FERTILSATION AND EMBRYO DEVELOPMENT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Culture media and dish preparation |  |  |  |  |  |  | Click or tap to enter a date. |
| Evaluation of fertilisation | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Informing patients of failed fertilisation | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Evaluation of embryo quality (morphology, morphokinetics) | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Evaluation of blastocyst quality (morphology, morphokinetics) | ☐ | ☐ | ☐ | ☐ | ☐ |  | Click or tap to enter a date. |
| Ranking embryos according to quality |  |  |  |  |  |  | Click or tap to enter a date. |
| Distinguishing non-viable embryos |  |  |  |  |  |  | Click or tap to enter a date. |
| Troubleshooting in embryo culture |  |  |  |  |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

1. **EMBRYO TRANSFER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Selecting the best quality embryo(s) for ET |  |  |  |  |  |  | Click or tap to enter a date. |
| Reasoning about the number of embryos to transfer according to embryo quality and patient history (or in accordance with the ESHRE guideline on the number of embryos to transfer during IVF/ICSI) |  |  |  |  |  |  | Click or tap to enter a date. |
| Reasoning catheter selection, when to use a stylet |  |  |  |  |  |  | Click or tap to enter a date. |
| Embryo transfer |  |  |  |  |  |  | Click or tap to enter a date. |
| Troubleshooting embryo transfer |  |  |  |  |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

1. **CRYOPRESERVATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Trainee marks (agreed with Tutor) achieved level of competence after each year of training. | | | | | Tutor/Trainer’s signature after each year of training (knowledge acquired and verified). | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Understanding the risks and safety procedures needed when working with LN2 |  |  |  |  |  |  | Click or tap to enter a date. |
| Handling LN2 tanks |  |  |  |  |  |  | Click or tap to enter a date. |
| Handling LN2 vapour storage |  |  |  |  |  |  | Click or tap to enter a date. |
| Sperm cryopreservation |  |  |  |  |  |  | Click or tap to enter a date. |
| Testicular sperm cryopreservation / thawing - optional |  |  |  |  |  |  | Click or tap to enter a date. |
| Oocyte cryopreservation – vitrification / warming |  |  |  |  |  |  | Click or tap to enter a date. |
| Selecting embryos for cryopreservation |  |  |  |  |  |  | Click or tap to enter a date. |
| Embryo / blastocyst cryopreservation – vitrification / warming (open and closed devices) |  |  |  |  |  |  | Click or tap to enter a date. |
| Storage of viral-positive material |  |  |  |  |  |  | Click or tap to enter a date. |
| Preparing the material for shipment and receipt of the material in the bank |  |  |  |  |  |  | Click or tap to enter a date. |
| Troubleshooting in cryopreservation |  |  |  |  |  |  | Click or tap to enter a date. |

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| Comments:  Click or tap here to enter text. |

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| --- |
| **Clinic:** Click or tap here to enter text.  **Date:**Click or tap to enter a date.  **Trainee’s signature: Tutor's signature:** |

**NUMBER OF PROCEDURES PERFORMED DURING THE TRAINING**

The number of procedures carried out must be traceable in patient records

for the purpose of verification during the assessor visit.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PROCEDURES | YEAR  1 | YEAR  2 | YEAR  3 | TOTAL |
| Basic semen analysis *(min 50 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Extended semen analysis (e.g. DNA fragmentation, HBA, etc.) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Ejaculated sperm preparation *(min 50 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of frozen / thawed sperm *(min 10 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of viral-positive semen | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of retrograde ejaculation sample | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of totally immotile sperm (including viability testing, e g. HOS) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of epidydimal / testicular sperm for ART | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Conventional IVF *(min 20 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ICSI with ejaculated sperm *(min 30 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ICSI with testicular / epidydimal sperm *(min 5 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ICSI with artificial oocyte activation | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Cycles with evaluated oocyte fertilization *(min 50 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Cycles with evaluated embryo morphology *(min 50 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Embryo transfer *(min 30 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Sperm cryopreservation *(min 10 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Sperm thawing | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Testicular sperm cryopreservation - optional | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Testicular sperm thawing - optional | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Oocyte vitrification | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Embryo cryopreservation – vitrification *(min 20 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Oocyte, embryo thawing / warming *(min 20 per year)* | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**ASSESSMENT OF KNOWLEDGE, ATTITUDES AND FULFILMENT OF TASKS**

Scoring system :

A = Excellent  
B = Sufficient  
C = Weak  
D = Unacceptable  
E = Not applicable

Assessment of fulfillment of the targets defined on pages 3 – 9

|  |  |  |  |
| --- | --- | --- | --- |
| **YEAR** | **FIRST (1)** | **SECOND (2)** | **THIRD (3)** |
| Integrated knowledge | Choose an item. | Choose an item. | Choose an item. |
| Reaching of appropriate decisions; collection and interpretation of data | Choose an item. | Choose an item. | Choose an item. |
| Motivation, sense of duty, discipline, punctuality | Choose an item. | Choose an item. | Choose an item. |
| Governance | Choose an item. | Choose an item. | Choose an item. |
| Technical skills | Choose an item. | Choose an item. | Choose an item. |
| Organisatory skills | Choose an item. | Choose an item. | Choose an item. |
| Administrative tasks (medical files, correspondence, etc.) | Choose an item. | Choose an item. | Choose an item. |
| Ethics | Choose an item. | Choose an item. | Choose an item. |
| Communication with patients | Choose an item. | Choose an item. | Choose an item. |
| Communication with medical and other staff | Choose an item. | Choose an item. | Choose an item. |
| Attendance and active participation in staff meetings | Choose an item. | Choose an item. | Choose an item. |
| Scientific interest | Choose an item. | Choose an item. | Choose an item. |
| Scientific activity | Choose an item. | Choose an item. | Choose an item. |

Date : Click or tap to enter a date.

|  |  |
| --- | --- |
| **Signature of Trainee:** | **Signature and name of Tutor :** |

**CUMULATIVE LIST OF SCIENTIFIC MEETINGS  
AND COURSES ATTENDED BY THE TRAINEE  
(entire duration of training; to be up-dated yearly)\***

**Example:** Joint ESHRE Annual Meeting, Paris, France, 27th – 30th June 2021.

**The number is not limited**

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

Click or tap here to enter text.

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**\* Certificate of attendance has to be provided**

**CUMULATIVE LIST OF ABSTRACTS PRESENTED**

**AT SCIENTIFIC MEETINGS  
(entire duration of training; to be up-dated yearly)**

**(A MINIMUM of 1 as 1st author is required)\***

**Example :** R. LEGAS : "Severe auto-immune dermatologic complications during pregnancy." Poster. Symposium "Pregnancy and the immune system", Besançon, France, 17-18.06.2000.

**The number is not limited**

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**\* Abstracts has to be provided**

**CUMULATIVE LIST OF PEER REVIEWED PUBLISHED**

**PAPERS IN INTERNATIONAL JOURNALS  
(entire duration of training; to be up-dated yearly)**

**(A MINIMUM of 1 as 1st author is required ) \***

**The number is not limited**

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