

Reproductive Clinical Science Master's Program Shadowing/Observation Report

Applicant's Name:	Date(s) of Shadowing:
Place (name/address/phone) where shadowing took place:	
It is very important that the applicant becomes familiar with the overall operation of the embryology lab, including typical weeks and weekend days and hours of operation for the lab (please indicate if explained or no):	
Familiar with the design of the clinical Lab (Y/N):	
Safety Procedures (Y/N):	
Daily, Monthly, Semiannual and Annual QC (Y/N):	
Record Keeping (Y/N):	
Preparation of Semen for ART (Y/N):	
Evaluation of Semen for ART (Y/N):	
Oocyte Retrieval (Y/N):	
Oocyte cleaning and assessment (Y/N):	
Micromanipulation/ ICSI technique (Y/N):	
Assessment of Embryos Including Grading (Y/N):	
Cryopreservation of Embryos/Oocytes (Y/N):	
Micromanipulation/Embryo Biopsy (Y/N):	
Embryo Transfer (optional, Y/N):	
Reporting Person's Name, Position and Signature:	
Name: _____ Position: _____	
Signature: _____ Date: _____	