

**University of Texas Medical Branch
Log of Procedures during Training
Scientific Staff**

PROCEDURE: MUSCLE BIOPSY

TRAINEE NAME: _____

NOTE: Completed log with signatures must be submitted to Performance Improvement Department, Credentialing Coordinator at time of request for privileges.

| Obs. | PATIENT UH# | DATE | TIME | LOCATION | SIGNATURE OF TRAINER / OBSERVER |
|------|-------------|------|------|---------------|------------------------------------|
| 1. | | | | ITS-CRC, UTMB | |
| 2. | | | | ITS-CRC, UTMB | |
| 3. | | | | ITS-CRC, UTMB | |
| 4. | | | | ITS-CRC, UTMB | |
| 5. | | | | ITS-CRC, UTMB | |
| 6. | | | | ITS-CRC, UTMB | |
| 7. | | | | ITS-CRC, UTMB | |
| 8. | | | | ITS-CRC, UTMB | |
| 9. | | | | ITS-CRC, UTMB | |
| 10. | | | | ITS-CRC, UTMB | |