

**NEW ZEALAND CONJOINT COMMITTEE FOR RECOGNITION OF TRAINING IN GASTROINTESTINAL ENDOSCOPY
GASTROSCOPY LOG BOOK**

TRAINEE:

SUPERVISOR:

INSTITUTION:

No.	Date	Patient Age	Patient Gender M/F	1 Sedation S,A,O	Completed Successfully Unassisted Y/N	2 Unassisted Therapeutic Procedure	Complications Specify	Supervisor's Signature
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1. Sedation
Sedation administered by:
S – Proceduralist
A – Anaesthetist
O – Other Medical Practitioner

2. Therapeutic Procedure
A – Adrenaline
AB – Argon Beam
B – Banding
D – Dilatation
P – PEG
C – Coagulation
L – Polypectomy
S – Stent
Sc – Sclerotherapy
R – Removal Foreign Body
O – Other - Specify

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