**研修症例実施報告書**

研修医氏名

**人工妊娠中絶手術（１０症例以上）**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 年月日 | 妊娠週数 | 実施報告書No | 研修機関名 | | 指導医名　㊞ |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **流産手術（１０症例以内）** | | |  |  |  |  |
|  | 年月日 | 妊娠週数 | 手術番号 | 研修機関名 | | 指導医名　㊞ |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

※人工妊娠中絶手術と流産手術（１０症例以内）合計で２０症例以上

※指導医名がゴム印の場合は㊞必要、自筆の場合は㊞不要

※実施報告書No.は月ごとに産婦人科医学会に提出する報告書番号

※流産の手術番号は各医療機関の手術台帳番号

※実施報告書には患者を特定出来るカルテNo等は記載出来ないので、後日カルテと照合出来るように各自記録を残す事