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Core Training in Clinical EmbryologyLOG BOOK  
Approved byThe European Society of Human Reproduction and Embryology (ESHRE)

TO BE COMPLETED AFTER EACH YEAR OF TRAINING AND SENT WITH WITHIN THREE MONTHS

THEREAFTER TO THE ASSESSMENT COMMITTEE (CERTIFICATION BOARD)

Name and surname of trainee (capital letters):

………………………………………………………………………………………………

Dates of beginning and provisional end of the training:

........../........../.......... (D/M/L) - ........../........../.......... (D/M/L).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Beginning of training  (DD/MM/YY) | End of  training  (DD/MM/YY) | Date of signature | Tutor's signature |
| FIRST | ........../........../.......... | ........../........../.......... |  |  |
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| THIRD | ........../........../.......... | ........../........../.......... |  |  |
| OPTIONAL | ........../........../.......... | ........../........../.......... |  |  |

Name and address oftraining departments/laboratories:

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| Department / Laboratory | Beginning of  training  (DD/MM/YY) | End of  training  (DD/MM/YY) |
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**TARGETS FOR THE FIRST YEAR OF  
TRAINING**

description by trainer and tutor of what is expected in terms of knowledge, technical skills  
and fulfilment of tasks at the end of this year of training.  
To be completed at the beginning of the year of training.  
Year: 20....... - 20.......

**KNOWLEDGE :  
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**NAME OF THE TUTOR : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE : ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
SIGNATURES : TUTOR : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRAINEE : ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TARGETS FOR THE SECOND YEAR OF  
TRAINING**

description by trainer and tutor of what is expected in terms of knowledge, technical skills  
and fulfilment of tasks at the end of this year of training.  
To be completed at the beginning of the year of training.  
Year: 20....... - 20.......

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**NAME OF THE TUTOR : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE : ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
SIGNATURES : TUTOR : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRAINEE : ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TARGETS FOR THE THIRD YEAR OF  
TRAINING**

description by trainer and tutor of what is expected in terms of knowledge, technical skills  
and fulfilment of tasks at the end of this year of training.  
To be completed at the beginning of the year of training.  
Year: 20....... - 20.......

**KNOWLEDGE :  
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**NAME OF THE TUTOR : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE : ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
SIGNATURES : TUTOR : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TRAINEE : ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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. Trainees can choose whether or not to tick the shaded boxes as they progress.***

***Certain targets do not require the trainee to be level 5 (Independent). These are identified by a black box.  
The open targets require your tutor or trainer to check your competence and sign you off. When you feel  
ready for this it is your responsibility to organise with your tutor, for these targets to be observed. When  
an entire module is completed (excluding black boxes) request the educational supervisor to sign the  
completed module.***

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 | Level of competence achieved.  The applicant enters the date whenthey reach the specific level in the box; the trainer signs in the same box. | | | | | Tutor to sign when final competence level achieved and related knowledge acquired and verified. | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Maintaining lab hygiene standards |  |  |  |  |  |  |  |
| Maintaining lab safety standards |  |  |  |  |  |  |  |
| Troubleshooting in basic principles |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

1. **LABORATORY EQUIPMENT AND OPERATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date whenthey reach the specific level in the box; the trainer signs in the same box. | | | | | Tutor to sign when final competence level achieved and related 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) |  |  |  |  |  |  |  |
| Controlling of key physico-chemical variables |  |  |  |  |  |  |  |
| Preparing and handling lab consumables & reagents |  |  |  |  |  |  |  |
| Preparing lab documentation |  |  |  |  |  |  |  |
| Preparing lab for start-up |  |  |  |  |  |  |  |
| Preparing and handling culture media |  |  |  |  |  |  |  |
| Ensuring optimal collection of biological specimens (fluids, tissues, gametes, embryos) |  |  |  |  |  |  |  |
| Troubleshooting in lab set-up, equipment & operation |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

1. **SEMEN ANALYSIS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date whenthey reach the specific level in the box; the trainer signs in the same box. | | | | | Tutor to sign when final competence level achieved and related knowledge acquired and verified. | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Macroscopic semen examination |  |  |  |  |  |  |  |
| Motility |  |  |  |  |  |  |  |
| Vitality |  |  |  |  |  |  |  |
| Concentration |  |  |  |  |  |  |  |
| Staining methods and cytological examination (sperm morphology, leukocytes) |  |  |  |  |  |  |  |
| QC management of semen analysis |  |  |  |  |  |  |  |
| Troubleshooting in semen analysis |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

1. **SPERM PROCESSING FOR ART**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date whenthey reach the specific level in the box; the trainer signs in the same box. | | | | | Tutor to sign when final competence level achieved and related knowledge acquired and verified. | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Selection of preparation method according to semen quality |  |  |  |  |  |  |  |
| Preparation of ejaculated sperm for IUI and ART |  |  |  |  |  |  |  |
| Preparation of frozen / thawed sperm |  |  |  |  |  |  |  |
| Preparation of viral-positive semen |  |  |  |  |  |  |  |
| Preparation of retrograde ejaculation sample |  |  |  |  |  |  |  |
| Preparation of epidydimal / testicular sperm for ART |  |  |  |  |  |  |  |
| Identification and isolation of testicular sperm for ICSI |  |  |  |  |  |  |  |
| Troubleshooting in sperm processing |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

1. **OOCYTES PROCESSING FOR ART**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date whenthey reach the specific level in the box; the trainer signs in the same box. | | | | | Tutor to sign when final competence level achieved and related knowledge acquired and verified. | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| COC pick-up |  |  |  |  |  |  |  |
| Removing blood clots from COCs |  |  |  |  |  |  |  |
| Distinguishing between endometrial cysts |  |  |  |  |  |  |  |
| COC / oocyte maturity and morphology evaluation |  |  |  |  |  |  |  |
| Troubleshooting in oocyte processing |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

1. **OOCYTES INSEMINATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date when they reach the specific level in the box; the supervisor signs in the same box contemperaneously | | | | | Tutor to sign when final competence level achieved and related 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 |  |  |  |  |  |  |  |
| Calculation of insemination volume for conventional IVF |  |  |  |  |  |  |  |
| Conventional IVF |  |  |  |  |  |  |  |
| Troubleshooting in conventional insemination |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

**VII. ICSI**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date when they reach the specific level in the box; the supervisor signs in the same box contemperaneously | | | | | | Tutor to sign when final competence level achieved and related knowledge acquired and verified. | |
|  | | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| ICSI with ejaculated sperm | |  |  |  |  |  |  |  |
| ICSI with epidydimal or testicular sperm | |  |  |  |  |  |  |  |
| ICSI in globozoospermia and artifical oocyte activation | |  |  |  |  |  |  |  |
| Troubleshooting in micromanipulation | |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date when they reach the specific level in the box; the supervisor signs in the same box contemperaneously | | | | | Tutor to sign when final competence level achieved and related knowledge acquired and verified. | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Culture media and dish preparation |  |  |  |  |  |  |  |
| Evaluation of fertilization |  |  |  |  |  |  |  |
| Informing patients of failed fertilisation |  |  |  |  |  |  |  |
| Evaluation of embryo quality (morphology, morphokinetics) |  |  |  |  |  |  |  |
| Evaluation of blastocyst quality (morphology, morphokinetics) |  |  |  |  |  |  |  |
| Ranking embryos according to quality |  |  |  |  |  |  |  |
| Distinguishing non-viable embryos |  |  |  |  |  |  |  |
| Troubleshooting in embryo culture |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

1. **EMBRYO TRANSFER**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date when they reach the specific level in the box; the supervisor signs in the same box contemperaneously | | | | | Tutor to sign when final competence level achieved and related knowledge acquired and verified. | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Selecting the best quality embryo(s) for ET |  |  |  |  |  |  |  |
| Reasoning about the number of embryos to transfer according to embryo quality and patient history (or in accordance with the ESHRE eSET guideline2022) |  |  |  |  |  |  |  |
| Reasoning catheter selection, when to use a stylet |  |  |  |  |  |  |  |
| Embryo transfer |  |  |  |  |  |  |  |
| Troubleshooting embryo transfer |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

1. **CRYOPRESERVATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Target | Level of competence achieved.  The applicant enters the date when they reach the specific level in the box; the supervisor signs in the same box contemperaneously | | | | | Tutor to sign when final competence level achieved and related knowledge acquired and verified. | |
|  | 1 | 2 | 3 | 4 | 5 | Name / Sign | Date |
| Understanding the risks and safety procedures needed when working with LN2 |  |  |  |  |  |  |  |
| Handling LN2 tanks |  |  |  |  |  |  |  |
| Handling LN2 vapour storage |  |  |  |  |  |  |  |
| Sperm cryopreservation |  |  |  |  |  |  |  |
| Testicular sperm cryopreservation / thawing - optional |  |  |  |  |  |  |  |
| Oocyte cryopreservation – vitrification / warming |  |  |  |  |  |  |  |
| Selecting embryos for cryopreservation |  |  |  |  |  |  |  |
| Embryo / blastocyst cryopreservation – vitrification / warming (open and closed devices) |  |  |  |  |  |  |  |
| Storage of viral-positive material |  |  |  |  |  |  |  |
| Preparing the material for shipment and receipt of the material in the bank |  |  |  |  |  |  |  |
| Troubleshooting in cryopreservation |  |  |  |  |  |  |  |

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| **Trainee signature to confirm completion of the module: Name and signature of the tutor:**   **Clinic: Date:** |

**NUMBER OF PROCEDURES PERFORMED DURING THE TRAINING**

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

**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** | **1** | **2** | **3** |
| INTEGRATED KNOWLEDGE |  |  |  |
| REACHING OF APPROPRIATE DECISIONS; COLLECTION AND INTERPRETATION OF DATA |  |  |  |
| MOTIVATION, SENSE OF DUTY,DISCIPLINE, PUNCTUALITY |  |  |  |
| GOVERNANCE |  |  |  |
| TECHNICAL SKILLS |  |  |  |
| ORGANISATORY SKILLS |  |  |  |
| ADMINISTRATIVE TASKS (MEDICALFILES, CORRESPONDENCE, ETC.) |  |  |  |
| ETHICS |  |  |  |
| COMMUNICATION WITH PATIENTS |  |  |  |
| COMMUNICATION WITH MEDICAL AND OTHER STAFF |  |  |  |
| ATTENDANCE AND ACTIVE PARTICIPATION IN STAFF MEETINGS |  |  |  |
| SCIENTIFIC INTEREST |  |  |  |
| SCIENTIFIC ACTIVITY |  |  |  |

Date : ......./....../....... (day/ mo / yr)

|  |  |
| --- | --- |
| 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**

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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)  
(AT LEAST 1 AS CO-AUTHOR IS REQUIRED)\***

**The number is not limited**

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**\* Published manuscript should be provided**

**CUMULATIVE LIST OF PEER REVIEWED  
PUBLISHED PAPERS IN NATIONAL JOURNALS  
(entire duration of training; to be up-dated yearly)\***

**The number is not limited**

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**\* Published manuscript should be provided**