



**Part 1: An Introduction to CryoTherapy**

1. Fundamentals of Cryo	
<input type="checkbox"/> Concept of Heat Removal and Dynamic Thermal Gradient	
<input type="checkbox"/> Hypothermia and Ice Formation	
<input type="checkbox"/> CryoMapping and Hypothermic Site Testing	<input type="checkbox"/>
<input type="checkbox"/> CryoAblation	
<input type="checkbox"/> Freeze-Thaw-freeze effect	
<input type="checkbox"/> CryoAdhesion	
<input type="checkbox"/> Patient tissue during CryoTherapy	
2. Cryo Biology	<input type="checkbox"/>
<input type="checkbox"/> Discuss tissue effects of cryo	
3. Product Overview	
<input type="checkbox"/> Freezor, Freezor Xtra and Freezor MAX	
<input type="checkbox"/> CryoConsole Features and Troubleshooting	

**Part 2: Clinical Best Practices and AVNRT**

1. Catheter Configurations / Lesion characteristics	<input type="checkbox"/>
2. Tissue Contact	<input type="checkbox"/>
3. Tip on the Target Ablation Techniques	
<input type="checkbox"/> Freeze-Thaw-Freeze	<input type="checkbox"/>
<input type="checkbox"/> Pull Back Technique	
4. Time To Effect	<input type="checkbox"/>
5. Insure Effect	
<input type="checkbox"/> Freeze-Thaw-Freeze	<input type="checkbox"/>
<input type="checkbox"/> Adjacent or overlapping lesions	
6. AVNRT Sweet Spot with Cryo	<input type="checkbox"/>
7. Be vigilant – minimize the risk of heart block	<input type="checkbox"/>

<p><b>This verifies that Dr. print name _____ from</b>  <b>hospital name _____ was In-Serviced on the Fundamentals and Current Clinical</b>  <b>Best Practices of CryoTherapy and the products that are currently available</b></p>	
_____	_____
Physician's Signature	CryoCath Rep Name (print)
_____	_____
Medtronic CryoCath LP Representative's Signature	Date



**Part 3: Clinical Case Support Log**

Date (yyyy.mm.dd)	Case Number	Case Comments and Results	Clinical Specialist

Dr. print name \_\_\_\_\_ has performed CryoAblation in the cases listed above with a Medtronic CryoCath LP Clinical Specialist attendance.

Check Here for Certificate of Completion and provide complete mailing address

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Physician's Signature \_\_\_\_\_ Medtronic CryoCath LP Rep Name (print) \_\_\_\_\_

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Medtronic CryoCath LP Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part 4: Suggested Bibliography**

1. Baust J. Cryotherapeutic intervention in Cardiovascular Disease, Unpublished white paper 2002
2. Skanes A. CryoAblation: Potentials and Pitfalls, J Cardiovasc Electrophysiol. 2004
3. Friedman P. How to ablate AVNRT, j. hrthm. 2005
4. Khairy P. Lower incidence of thrombus formation, Circ 2003
5. Aoyama H. Comparison of cryothermia and RF current in safety and efficacy, J. Cardiovasc Electrophysiol. 2005
6. Lustgarten D. Safety and efficacy of Epicardial CryoAblation in a Canine model, j.hrthm. 2005
7. Skanes A. Safety and feasibility of cryothermal ablation within the mid and distal coronary sinus, J Cardiovasc Electrophysiol. 2004
8. Kimman G. CRAVT – A prospective, randomized study comparing transvenous cryotherapy and RF ablation in AVNRT Eur Heart J. 2004
9. Khairy P. Transcatheter CryoAblation Part I: preclinical experience, PACE 2008

**Please leave a copy of this checklist with the physician and any other interested parties as a record of the training conducted with this physician**