


CAST Accredited Fellowship Annual Case Report Form: Peripheral Nerve

Please complete this form when submitting a CAST Fellowship Program annual report. The report should include each institutional case for each participating site for the most recently completed academic year (July 1 - June 30). Each operative experience should generate one case in one category (do not sort or classify using CPT codes). Include all cases done within the training program, even though some might not have had resident/fellow participation.

 Case/Procedure Type

	Site #1	Site #2	Site #3
Neurolysis/Transportation	_____	_____	_____
	-	-	-
Nerve Repair	_____	_____	_____
	-	-	-
Peripheral Nerve tumor	_____	_____	_____
	-	-	-
Other Peripheral Nerve procedure(s)	_____	_____	_____
	-	-	-
	Site #4	Site #5	
Neurolysis/Transportation	_____	_____	
Nerve Repair	_____	_____	
Peripheral Nerve tumor	_____	_____	
Other Peripheral Nerve procedure(s)	_____	_____	