

INSTRUCTIONS FOR PREPARING THIS REPORT

Please have the case study signed by your mentor and hand it in personally at the OMI office in Vienna, to Mrs. Kenner (Graz) or at the reception at Schloss Arenberg (Salzburg).

PERSONAL DATA	
Name (First Name / Last Name):	
Home Address:	
Cell Phone Number:	
Email Address	
OBSERVERSHIP DATA	
Dates of Observership:	
Name of Mentor:	
Hospital:	
Department:	
Topic of Study:	

On a separate sheet of paper please prepare a case following the guidelines listed below. Please use the subheadings provided in organizing your case study. If you are completing your Observership in a not patient related specialty (e.g.: Public Health) you will not be able to answer question (1-6) in this case, please proceed to question 7.

1. Symptoms, case history, the patient's and his/her family's medical history. In order to protect the patients' privacy please do not disclose the name of the patient on the case report form.
2. Physical examination, laboratory data, and diagnostic procedures.
3. Clinical diagnosis, clinical course, and therapy.
4. Special tests and pathology.
5. Final diagnosis.
6. Materials submitted (slides, x-rays, images, graphs, etc.); Please also mention these in the text on the above-listed topics.
7. If you are completing your Observership in a Public Health related Department, please give us an overview of your daily activities (1- 2 pages) and comment on the differences you discovered in comparison with your home institution.

Comments from your mentor: