



**APPLICATION FOR CENTRE OF EXCELLENCE**

Applying for:  New COE  Renewal of COE

**INSTITUTION DETAILS\*:**

Hospital\* :

Address\* :

Country\* :

State\* :

City\* :

Pin\* :

Tel. Office \* :  /

Mobile \* :

E-mail \* :

**PROGRAM DIRECTOR\*:**

Title :  Prof  Dr  Mr  Ms

Surname :

First name :

Date of birth :

Gender :  Male  Female

Medical Council :

Registration No :

**ROBOTIC PLATFORM/S AVAILABLE\*:**

Intuitive daVinci  CMR Versius

Medtronic HugoRAS  SSI Mantra

Others: Specify:

**SPECIALITIES APPLIED FOR\*:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> General Surgery       | <input type="checkbox"/> Surgical Gastroenterology | <input type="checkbox"/> Head & Neck Surgery |
| <input type="checkbox"/> Upper GI Surgery      | <input type="checkbox"/> Hernia Surgery & AWR      | <input type="checkbox"/> Paediatric Surgery  |
| <input type="checkbox"/> Hepatobiliary surgery | <input type="checkbox"/> Bariatric Surgery         | <input type="checkbox"/> Cardiac Surgery     |
| <input type="checkbox"/> Colorectal Surgery    | <input type="checkbox"/> Urology                   | <input type="checkbox"/> Thoracic Surgery    |
| <input type="checkbox"/> Endocrine Surgery     | <input type="checkbox"/> Gynaecology               | <input type="checkbox"/> Neuro surgery       |
| <input type="checkbox"/> Surgical Oncology     | <input type="checkbox"/> Otorhinolaryngology       | <input type="checkbox"/> Orthopedics         |
| <input type="checkbox"/> Others (specify)      | <input type="text"/>                               |  |

**SPECIALITY COORDINATORS\*:** (Past 12 months)

Speciality :  Surgeries:  Coordinator:  **Add More**

**ROBOTIC SURGERY STATISTICS** (past 12 months):

No.Of Procedures performed\*:   
Complication rate - Major :  % Minor:  %  
30 day readmissions rates :  %  
90 day readmissions rates :  %  
Re-operations rates :  %  
Mortality rates :  %

**ASSOCIATE FACULTIES AVAILABLE\*:**

- |                     |                                      |                                    |
|---------------------|--------------------------------------|------------------------------------|
| Physician           | : <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| Anaesthetist        | : <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| Cardiologist        | : <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| Pulmonologist       | : <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| Gastroenterologist  | : <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| Radiologist         | : <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| Endocrinologist     | : <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |
| Intensive care team | : <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |

**HOSPITAL INFRASTRUCTURE DETAILS\*:**

- |   |                                |                             |
|---|--------------------------------|-----------------------------|
| Dedicated robotic surgery department space: | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| Dedicated Robotic Operating room or timing: | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| Robotic Operating table                     | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Robotic specific equipment & instruments    | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fibreoptic laryngoscope in OR               | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- |                           |                                |                             |
|---------------------------|--------------------------------|-----------------------------|
| Gastroscopy services      | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Colonoscopy services      | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ERCP services             | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ultrasound services       | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| CT scan services          | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fluoroscopy / Dye study   | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Intensive care unit       | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emergency Services        | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cath lab services         | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24 Hr Laboratory services | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24 Hr Pharmacy services   | : <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**DISCLAIMER\***

By applying for COE, I accept to be the the Proctor / Mentor for Fellowship in Advanced Robotic and Innovative Surgery (FARIS) candidates and allow them for clinical observorship in my centre for training purposes.