

Host Centre Application Form

1 Contact Name: **Pr Renée KRIVOSIC-HORBER**

2 Department: **MALIGNANT HYPERTHERMIA**

3 Hospital Name: **LILLE UNIVERSITY HOSPITAL**

4 Address: **CHRU LILLE**
Pôle Anesthésie Réanimation
Hôpital Jeanne de Flandre
59037 LILLE CEDEX FRANCE

5 Phone: **0033 (0)320446269**

6 Fax: **0033 (0)320446564**

7 E-mail: **renee.krivosic@chru-lille.fr**

8 Clinical interests: **Malignant hyperthermia, diagnosis with IVCT and genetics**
Pediatric anesthesia
Obstetric anesthesia
Anesthesia in gynecology
Clinical research

9 Lab interests: **In vitro contracture tests on human muscle**

10 Supervisor: **Renée KRIVOSIC HORBER**

11 Fellowship duration: 3 months (pre option) any w
1,2 or 3 months (preferred option) , any will do

12 Specific months preferred?? **avoid July and August**

13 Grade: **Specialist or advanced trainee**

14 Language requirements of an attending Trainee **French is better, English is OK**

15 Specific legal or other requirements of an attending Trainee Training in Malignant Hyperthermia management and practice of IVCT is possible without professional insurance.
Preliminary agreement with the hospital is necessary to make hands on possible.

16 Is accommodation available for an attending Trainee? (please provide details) Possibly. Needs to be booked well in advance.

17 Department Profile: Large University Hospital, 3000 beds, All surgical specialities, intensive care, a big emergency department, major transplant service
Maternity Unit has 5 500 deliveries, 80% epidurals. Tertiary referral centre for high risk, maternal medicine centre

18 Sample Publications: Paediatr Anaesth. 2007 Feb;17(2):180-2.
Hum Mutat. 2005 Nov;26(5):413-25.
Eur J Anaesthesiol. 2004 Jul;21(7):572-4.
Anesthesiology. 2002 Nov;97(5):1067-74.