

University of Utah Hospitals and Clinics

**Andrology**

DELINEATION OF PRIVILEGES  
PRIVILEGES REQUEST FORM

**SPECIFIC PRIVILEGES**

**Please check all that apply to your scope of practice.**

- Andrology Patient Consultations
- Directing Andrology Laboratory; Performing Diagnostic and Laboratory Assisted Treatments

**Blood Diagnostic Procedures**

- Estradiol
- STD Testing
- PSA
- Blood Typing

**Donor Sperm Program**

- Donor Sperm Consultations
- Selection, Testing and Providing
- Providing Donor Embryos
- Providing Donor Eggs
- Assisted Reproductive Techniques Patient Consultation

**GIFT/ZIFT**

- Identification of Oocytes
- Sperm Preparation
- Oocyte/Sperm/Embryo Transfer
- Extra Oocyte Fertilization and Freezing
- Mobile UU GIFT Program at Other Hospitals

**Gamete Freezing and Storage**

- Sperm Freezing
- Sperm Storage
- Embryo Freezing
- Oocyte Freezing
- Embryo Freezing
- Sperm Thawing and Preparation
- Oocyte/Embryo Thawing and Culture

**In Vitro Fertilization**

- Identification of Oocytes
- Sperm Preparation
- Identification of Fertilization
- Embryo Culture/Grading
- Embryo Transfers
- Embryo Hatching
- ICSI

**Miscellaneous**

- Evaluate Testicular Biopsy Slides
- Consult with Area Physicians
- Manage Andrology/IVF Programs at Other Hospitals

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\_\_\_ Dictation of Patient Results

**Mucus Diagnostic Procedures**

- \_\_\_ Anti-Sperm Antibodies
- \_\_\_ Mucus-Sperm Interaction

**Ordering ARUP Lab Tests For**

- \_\_\_ FSH, LH, Testosterone and Prolactin
- \_\_\_ Semen Cultures
- \_\_\_ Progesterone
- \_\_\_ STD Testing
- \_\_\_ HCG (Quantitative)
- \_\_\_ Urine Cultures Initiated by Urology

**Sperm Diagnostic Procedures**

- \_\_\_ Complex Semen Analysis
- \_\_\_ Anti Sperm Antibody Testing
- \_\_\_ Sperm Penetration Testing
- \_\_\_ Sperm Capacitation Testing
- \_\_\_ Retrograde Semen Analysis
- \_\_\_ Split Ejaculate Analysis
- \_\_\_ Post Vasectomy Check
- \_\_\_ X-Y Chromosome Identification

**Sperm Manipulation Procedures**

- \_\_\_ Sperm Washing
- \_\_\_ Antibody Washing
- \_\_\_ Serum Swim-Up
- \_\_\_ Serum Incubation
- \_\_\_ X-Y Separation
- \_\_\_ Heparin Incubation
- \_\_\_ Pentoxifylline Incubation
- \_\_\_ Percoll Incubation
- \_\_\_ Refrigeration/Heparin

**Urine Diagnostic Procedures**

- \_\_\_ Lab LH Testing
- \_\_\_ Kits for Home LH Testing

**SIGNATURES AND RECOMMENDATIONS**

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Applicant Signature DATE

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Division Head DATE

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Department Head DATE

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Chair, Medical Board DATE

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Chair, Governing Body DATE