

University of Utah Hospitals and Clinics

Pathology
DELINEATION OF PRIVILEGES
PRIVILEGES REQUEST FORM

PRIVILEGES

Please check all that apply to your scope of practice.

I. Anatomic Pathology Specific Privileges

_____ I desire privileges for the following areas of pathology, to include reports and consultation in the following:

A. Surgical Pathology

- _____ Pathology Consultations
- _____ Histologic Interpretation of Tissue Sections
- _____ Gross Diagnosis
- _____ Frozen Section Diagnosis including Operation Room Consultations

B. Necropsy Pathology

- _____ Consultation and Teaching Regarding Clinicopathologic Autopsy Correlations
- _____ Other: Specify _____

C. Clinical Cytology & Cytopathology

- _____ Cytological Consultations
- _____ Cancer Diagnosis
- _____ For the Evaluation of Endocrine Status
- _____ Aspiration Procedures to Obtain Cytopathology Specimens
- _____ Other: Specify _____

D. Electron Microscopy

- _____ Interpretation of Micrographs
- _____ Consultation
- _____ Other: Specify _____

II. Clinical Pathology Specific Privileges

_____ I desire clinical pathology privileges to include directing laboratory testing, interpretation of testing and consultation based on the selection and interpretation of laboratory studies in the evaluation of human diseases.

A. Subspecialty Area Qualified

- _____ Clinical Chemistry
- _____ Clinical hematology
- _____ Coagulation
- _____ Microbiology
- _____ Parasitology
- _____ Immunology
- _____ Nuclear Medicine
- _____ Toxicology
- _____ Virology

B. Competent to Perform

- _____ Bone Marrow Aspiration
- _____ Bone Marrow Biopsy
- _____ Phlebotomy

- ____ Superficial Wound & Abscess Culture or Aspiration
- ____ Suprapubic Urinary Bladder Aspiration
- ____ Transfusion Therapy & Plasma Pheresis
- ____ Skin Biopsy
- ____ Other: Specify _____

III. Pathology Privileges

A. Privilege Guidelines

____ Privileges granted shall be commensurate with the training, experience, competence, judgement, character and current capabilities of the applicant, and shall not preclude any procedures and/or treatment commensurate with the individual's background and experience which have not been noted below.

B. Subspecialty Area Training & Competency

Qualified In:

- ____ Neuropathology
- ____ Dermatopathology
- ____ Cytopathology
- ____ Hematopathology
- ____ Ophthalmic Pathology

SIGNATURES AND RECOMMENDATIONS

Applicant Signature Date

Division Head Date

Department Head Date

Chair, Medical Board Date

Chair, Governing Body Date