

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 Operating 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

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- 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

\_\_\_\_\_  
Department Head DATE

\_\_\_\_\_  
Chair, Medical Board DATE

\_\_\_\_\_  
Chair, Governing Body DATE