



## Delineation of Privileges

Name: \_\_\_\_\_

CATEGORY I: CORE PRIVILEGES		
Core Privileges <i>include:</i>	Requested	Approved
<ol style="list-style-type: none"> <li>1. Anatomic pathology, including autopsy pathology; surgical pathology; intraoperative consultation and diagnosis; cytopathology, routine female genital cytologic evaluation, examination, body fluids, aspirations, fine needle aspiration and interpretation, washings; oral histopathology; bone marrow, lymph node biopsy, interpretation of cytogenetic and flow cytometric results.</li> <li>2. Clinical pathology, including interpretation of clinical laboratory tests such as hematology, clinical chemistry, toxicology, pharmacokinetics, medical microbiology, serology, immunology, bone marrow aspiration and biopsy and urinalysis.</li> <li>3. Medical direction of all medical laboratory services, including the blood bank and transfusion service.</li> </ol>		
CATEGORY II: SPECIAL PROCEDURES		
Special privileges <i>which require additional documentation of training/proficiency:</i>	Requested	Approved
1. Complicated medico-legal autopsies (forensics)		
2. Operating a Cytogenetics Laboratory		
3. Operating a flow Cytometry Lab		
Other:		
4.		
5.		
6.		

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges.

\_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Date*

**APPROVAL:**

\_\_\_\_\_  
*Chief of Surgery*

\_\_\_\_\_  
*Date*