

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

Privilege Delineation Checksheet

PATHOLOGY

Name _____

Date Unobserved _____

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the pathologist to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, Emergency Department, and nursing floors..

ANATOMIC PATHOLOGY	
	Gross and microscopic interpretation of surgical pathology specimens with subsequent published consultation reports.
	Interpretation of frozen sections of surgical pathology specimens with attendant operating room consultation.
	Interpretation of cytopathology specimens
	Additional functions as defined by the College of American Pathologists guidelines

CLINICAL PATHOLOGY	
	Medical consult in the subdivision of:
	Hematology and coagulation
	Blood bank and immunohematology
	Clinical chemistry (including the subdivision of special chemistry, automated chemistry, endocrinology, radioimmunoassay, toxicology, and electrophoresis)
	Microbiology
	Serology
	Perform and interpret <u>fine needle</u> aspiration biopsies of <u>peripheral sites</u> – i.e, thyroid, lymphnode and paratidgland
	Perform and interpret <u>bone marrow</u> aspiration and/or biopsy

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, I am requesting permission to do these procedures.

By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

Signature of Requesting Physician	Date

APPROVED BY:	
Signature of Department Chairman or Vice Chairman	Date

Date: _____
Medical Executive Committee

Date: _____
Board of Directors

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CRITERIA FOR GRANTING PRIVILEGES

PATHOLOGY

1. All new applicants for surgical privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities. All new applicants in this specialty shall be considered only if they are **certified or an active candidate as recognized by the American Board of Pathology, the American Osteopathic Board, or the Royal College of Surgeons (Canada)**.
2. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

OBSERVATION REQUIREMENTS

1. The practice of concurrent observation of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.