

NAME: _____

DATE: _____

SIERRA VISTA HOSPITAL
800 East Ninth Street
Truth or Consequences, New Mexico 87901

DELINEATION OF PATHOLOGY PRIVILEGES

I am qualified for and request the following privileges:

Anatomical Pathology _____

Clinical Pathology _____

Delineation of Privileges for Consulting Pathology shall include the following items:

Consultation with staff _____

Consultation with referring Physicians _____

Consultation with Hospital Administrator _____

Review of lab Policy and Procedure/Lab function with the Lab Director _____

Review and sign CAP Survey/continuing education and record _____

Conduct Blood Bank Review quarterly _____

Conduct Tissue Review monthly _____

Review and interesting/outstanding Lab results with technologist concerned _____

Conduct pre-scheduled continuing education for the technical/nursing staff _____

Perform and interpret bone marrow biopsy _____

Perform autopsies on as-needed basis _____

Provide histopathology and cytology service on a referral basis _____

Make and interpret frozen sections on as-needed basis _____

Consult on all aspects of clinical laboratory _____

Chief of Staff Date

Chairman of the Board Date

Administrator Date