

Albuquerque Surgery Center

Delineation of Privileges – Laboratory/Pathology

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training, and experience for which you are applying.

PRIVILEGES:	Requested	Not Requested	Approved	Denied
Clinical Chemistry: Routine automated procedures				
Urinalysis				
Enzyme Chemistry				
Hematology				
Routine automated procedures				
Peripheral blood smear				
Routine coagulation				
Clinical consultations				
Sample Collection				
Phlebotomy				
Urinary catheterizations				
Swab smears (ear, nose, throat, skin, wounds, etc)				
Surgical pathology evaluation				
Frozen sections				
Gross Examination				
Cytopathology				
Performing and evaluating fine needle aspirations				
Other, Please specify:				

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of Laboratory/ Pathology as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Physician Signature Date

Approval:
Comments:

Medical Director Signature Date: