

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS
Pathology
Delineation of Privilege Form
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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Hold in Abeyance (provide explanation)
Category I Privileges: Clinical Pathology				
Monitor internal and external quality control programs.				
Provide consultations to medical staff and laboratory staff.				
Interpretation of peripheral blood and bone marrow aspiration smears and other hematologic tests.				
Interpretation of electrophoretic and spectrophotometric patterns, drug monitoring, profiles in clinical chemistry and other tests.				
Evaluation of suspected blood transfusion reactions, crossmatches and antibody analyses.				
Interpret and evaluate laboratory tests and procedures.				
Category I Privileges: Anatomical Pathology				
Examination and diagnosis of pathology specimens.				
Intraoperative consultation with or without frozen section.				
Cytopathology – interpretation				
Dermatopathology				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date