

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 PATHOLOGY

Name (print or type): _____
Last First M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Interpretation of Anatomic Pathology Interpretation of Cytopathology Interpretation of Frozen Section Pathology Forensic Pathology Autopsy Pathology Interpretation and supervision of clinical Chemistry, Immunology, Microbiology, Hematology, Microscopy Immunohematology and transfusion medicine			
NON CORE PRIVILEGES:			
Therapeutic Apheresis:			
Therapeutic Cytopheresis			
Therapeutic Lymphoplasmaphoresis			
Therapeutic Plasma Exchange			
OTHER:			

BOARD CERTIFICATION: All pathologists newly appointed to the medical staff must be Board-certified or Board-eligible in anatomic and clinical pathology. If Board-eligible, but not Board-certified, the pathologist must receive official notice of Board certification within three (3) years of the date of initial appointment.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Department Chief Signature Date