

LIST OF CLINICAL PRIVILEGES – PATHOLOGY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT:

NAME OF MEDICAL FACILITY:

ADDRESS:

Specialists in the specialty below must also request privileges in their primary discipline

I Scope		Requested	Verified
P385233	The scope of privileges in anatomic pathology includes the diagnosis, exclusion, monitoring and reporting of disease by examination of gross and microscopic tissue specimens, cells, body fluids, and clinical laboratory tests on body fluids and secretions. Anatomic pathologists also perform non-forensic autopsies.		
P389626	The scope of privileges in clinical pathology includes diagnosis, exclusion, monitoring and reporting of disease through microbiology, hematology, immunohematology, blood banking and serology, clinical chemistry, and immunology tests. Privileges include but are not limited to the interpretation and evaluation of special laboratory tests. Clinical		
Diagnosis and Management (D&M):		Requested	Verified
P385271	Autopsy Pathology, forensic: with Armed Force Medical Examiner or regional medical examiner consultation		
P385273	Intraoperative consultation/frozen section preparation and diagnosis		
P385275	Interpretation of histochemical and immunohistochemical stains		
P385278	Process cytopathology specimen		
P385280	Transfusion service management		
P385282	Donor service management		
Interpretation of Clinical laboratory tests:		Requested	Verified
P385261	Cytogenetics		
P385263	Molecular pathology		
P385265	Cell image analysis		
P385267	Human leukocyte antigen interpretation		
P385269	Medical direction of molecular pathology laboratory services such as fluorescent in-situ hybridization studies and polymerase chain reaction based studies		
D&M Advanced Privileges (Requires Additional Training):		Requested	Verified
P385245	Dermatopathology		

P385247	Neuropathology		
P385249	Pediatric Pathology		
P385251	Muscle biopsy interpretation and diagnosis		
P385253	Immunopathology interpretation-renal biopsy		
P385255	Immunopathology interpretation-skin biopsy		
P385257	Complicated medicolegal and aircraft accident investigations		
P385259	Autopsy Pathology, forensic: unlimited		
Procedures:		Requested	Verified
P385237	Fine needle aspiration		
P385239	Donor apheresis		
P385194	Bone marrow aspiration/biopsy		
P389639	Therapeutic apheresis		
Other (Facility- or provider-specific privileges only):			
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<div> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below) <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> <p>STATEMENT:</p>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE