

TEXAS SPINE & JOINT HOSPITAL

DELINEATION OF PRIVILEGES PATHOLOGY

NAME: _____

INITIAL APPOINTMENT/REAPPOINTMENT
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	PATHOLOGY		
	Surgical Pathology		
	Autopsy Pathology		
	Cytopathology		
	Neuropathology		
	Electron Microscopy		
	Immunohistology		
	Clinical Chemistry		
	Immunohistology		
	Blood Banking		
	Microbiology		
	Serology		
	Clinical Microscopy		
	Fine Needle Aspiration		
	Other		

Acknowledgment of Practitioner

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Practitioner's Signature Date