

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL  
 DELINEATION OF PRIVILEGES  
 PATHOLOGY**

NAME: \_\_\_\_\_

Appointment/Reappointment

<b>REQUESTED</b>	<b>PROCEDURE</b>	<b>APPROVED</b>	<b>DENIED</b>
	Surgical Pathology		
	Autopsy Pathology		
	Cytopathology		
	Neuropathology		
	Electron Microscopy		
	Immunohistology		
	Blood Banking		
	Microbiology		
	Serology		
	Clinical Microscopy		
	Fine Needle Aspiration		

**ACKNOWLEDGEMENT 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.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date