

PATHOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training, and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										ANATOMICAL: General anatomical, surgical pathology, cytopathology, autopsy exam and diagnosis.	
										CLINICAL: Clinical chemistry, microbiology, clinical microscopy, immunopathology, laboratory hematology, transfusion medicine, and blood banking.	
										Provision of Pathological Interpretation.	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	APPR
										Performance of Bone Marrow Aspiration and Biopsy [++Hospital 7]	
										Cytogenetics	
										Electron Microscopy	
										Performance of Fine Needle Aspiration [++Hospital 7]	
										Flow Cytometry	
										In Vivo Radioisotopes	
										Molecular Biology Techniques (i.e. in situ hybridization, PCR)	
										Radiography of Surgical or Autopsy Tissue (with interpretation of film and report)	
										Therapeutic Apheresis (supervision or direction of performance) [++Hospital 7]	

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____

- Privilege not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.