

THE NEW YORK EYE AND EAR INFIRMARY

DELINEATION OF PRIVILEGES

DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

NAME:

(Please Print)

Instruction:

Applicant: Please put a tick (✓) in the Privilege Requested Column

Chairman/Director: Please put a tick (✓) in the appropriate column

		<u>Director of Services</u>	
	Privilege Requested	Privilege Denied	Privilege Approved
<u>ANATOMIC PATHOLOGY</u>			
Surgical Pathology Consultation		_____	_____
Interpretation of tissue sections		_____	_____
Gross diagnosis		_____	_____
Intra-operative consultation/frozen section		_____	_____
Ophthalmic Pathology		_____	_____
Dermatopathology		_____	_____
Oral/Head & Neck Pathology		_____	_____
Necropsy pathology		_____	_____
Cytopathology		_____	_____
Routine cytologic smears		_____	_____
Cancer diagnosis		_____	_____
Ocular Cytology		_____	_____
Other (specify)		_____	_____
		_____	_____
		_____	_____
Immunohistopathology			
Ultrastructural Pathology			
(Electron Microscopy)			
Clinical Cytology/Patient Procedures			
Bone marrow aspiration/core biopsy			
Fine needle aspiration biopsy			
Lumbar puncture			
Molecular Pathology Interpretation			

**Privilege
Requested**

**Director of Services
Privileges
Denied**

**Privileges
Approved**

**CLINICAL CHEMISTRY
& MICROSCOPY**

Consultations based on the selection and
interpretation of chemical studies
Other (specify)

_____	_____
_____	_____
_____	_____

**CLINICAL HEMATOLOGY
& COAGULATION**

Consultations based on the selection
and interpretation of hemtology
and coagulation tests including
clinicopathologic correlation.
Other (specify)

_____	_____
_____	_____
_____	_____

MICROBIOLOGY & PARASITOLOGY

Consultations regarding diagnosis and
therapy of infectious disease.
Collection of clinical specimens from
external sites (Eye, Head and Neck and
Skin)
Other (specify)

_____	_____
_____	_____
_____	_____
_____	_____

IMMUNOLOGY

Interpretation and clinicopathologic
Consultation.
Other (specify)

_____	_____
_____	_____
_____	_____

**Privilege
Requested**

**Director of Services
Privileges
Denied**

**Privileges
Approved**

TRANSFUSION MEDICINE

Consultations based on the selection and interpretation of blood banking techniques.

Evaluation of clinical appropriateness of request for transfusion medicine services.

SIGNATURE: _____

DATE: _____

APPROVED: _____

DATE _____

Steven McCormick, M.D., Director Pathology

REVISED 9.11.07