DELINEATION OF PRIVILEGES
PRACTICE AREA: **PATHOLOGY**

To request these clinical privileges, the following threshold criteria must be met:

1. Licensed by the State of Iowa as M.D. or D.O., **AND**
2a. Board Certification by the American Board of Pathology or the American Osteopathic Board of Pathology, **OR**
2b. Successful completion of an ACGME or AOA accredited residency program in pathology **WITH** board certification in 5 years or less of residency completion.

PATHOLOGY PRIVILEGES - I am requesting pathology privileges for:

Requested	Granted	
☐	☐	Frozen section examination on tissue specimens
☐	☐	Interpretation and reporting of tissue examination
☐	☐	Consultation to medical staff for diagnosis, exclusion, and monitoring of diseases utilizing information gathered from microscopic examination of tissue specimens, cells, and body fluids and from clinical laboratory tests on body tissues, fluids and secretions.

You are granted privileges to use all skills normally learned during medical school and residency and render Any care in a life- threatening emergency or as requested by the Clinical Administration should there be a Physician crisis in the facility.

You are expected to practice within the bounds of your training and competence and should not attempt to treat cases, which are not in your scope of practice. Newly developed treatment modalities are not included in this request and must be cleared by the Medical Executive Committee and Governing Board before their performance. Please become familiar with the capabilities and limitations of this facility.

I understand that in making this request I am bound by the applicable bylaws and/or policies of Lakeview Surgery Center and hereby stipulate that I meet the threshold criteria for this request. I also certify that I have knowledge to operate all the equipment necessary to carry out requested procedures.

_____ _____
Date Applicant's Signature

_____
Applicant's Name Printed

Privileges:
Granted _____ Deferred _____ _____
MEC Signature **Date**

Granted _____ Deferred _____ _____
GB Signature **Date**

Modifications: _____