

**LAC+USC MEDICAL CENTER & HEALTHCARE NETWORK ATTENDING STAFF ASSOCIATION  
 DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF PATHOLOGY**

**NAME OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Initial Appointment and/or Additional Privileges

Reappointment

**Applicant:** Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

**Department Chair/Chief/Designee:** Initial the Recommended column for approved privileges. If applicable, check off the “Not Recommended” boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED				DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
M	E	H	R			Competency	Other
				<b>ANATOMIC PATHOLOGY</b>			
				Basic privileges in Anatomic Pathology are granted when the attending staff candidate has been certified by the American Board of Pathology in Anatomic Pathology. This attending physician has achieved the minimal qualifications to adequately conduct an autopsy, perform frozen section, surgical pathology and cytology diagnostic consultations. This basic set of privileges would provide the necessary credentials for the attending staff to cover the core areas of the anatomic pathology laboratories. Peer review shall be conducted in all areas of activity each staff member practices.			

M = LAC+USC Medical Center  
 E = El Monte Comprehensive Health Center  
 H = Hudson Comprehensive Health Center  
 R = Roybal Comprehensive Health Center

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M	E	H	R			Competency	Other
				<b>1.0 ANATOMIC PATHOLOGY CORE</b>  <b>AUTOPSY PATHOLOGY</b> Performance of autopsy prosection and microscopic diagnosis of adult, neonatal and pediatric cases. For those who are deputized, autopsy of the coroner's cases will be handled under the authority of the County Coroner.			
				<ul style="list-style-type: none"> <li><b>CYTOPATHOLOGY</b>                Cytopathological diagnosis of tissues and body fluids, including fine needle aspiration biopsy and immunohistochemical analysis of these samples.</li> </ul>			
				<ul style="list-style-type: none"> <li><b>SURGICAL PATHOLOGY</b>                Gross and microscopic diagnosis of tissues removed at surgery (including frozen section diagnoses and immunohistochemical analyses) and consultation with Clinical Staff.</li> </ul>			
				<b>2.0 ANATOMIC PATHOLOGY SUBSPECIALTY AREAS</b>  These areas of Anatomic Pathology that required additional expertise and/or training. The attending staff candidate is expected to provide additional documentation of subspecialty competence in these areas.			
				<b>2.1 ELECTRON MICROSCOPY</b> Diagnosis of tissues by electron microscopy.			
				<b>2.2 HEMTOPATHOLOGY</b> Diagnosis of bone marrow and lymph nodes related to hematological disorders			

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				2.3 NEUROPATHOLOGY Diagnosis of tissues of the central and peripheral nervous system			
				2.4 DERMATOPATHOLOGY Diagnosis of inflammatory and neoplastic conditions of the skin			
				<b>CLINICAL PATHOLOGY</b>			
				Basic privileges in clinical pathology are granted to the attending staff candidate when the attending physician is Board Certified in Clinical Pathology by the American Board of Pathology as a competent pathologist. This basic privilege would provide necessary credentials to the attending staff member for coverage of the core areas of clinical pathology.			
				3.0 LABORATORY HEMATOLOGY Competent in interpretation of automated CBC and differential results, eye count, leukocyte, differential results, body fluid examination by both light and polarized light microscopy, interpretation of routine coagulation testing results, interpretation of flow cytometric analysis of blood, body fluids, lymph nodes and bone marrow, interpretation of bone marrow aspirate and biopsy specimens with cytochemical and immunohistochemical stains, interpretation of abnormal hemoglobin studies, interpretation of reticulocyte results, interpretation of erythrocyte sedimentation results, interpretation of cytogenetic and molecular genetic studies for classification of leukemias and lymphomas.			
				3.1 IMMUNOLOGY Examination and interpretation of specialized clinical molecular testing for inherited genetic diseases, infectious diseases and oncology.			

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				3.2 TRANSFUSION MEDICINE Practice of laboratory and clinical medicine concerned with all aspects of blood transfusion, including the scientific basis of transfusion, selection and recruitment of blood donors, utilization and quality control, preparation of blood components, pre-transfusion testing, transfusion of blood components, adverse effects of blood transfusion, autoimmunity, transplantation, histocompatibility, therapeutic apheresis and phlebotomy, blood substitutes, medicolegal considerations of transfusion, paternity analysis, management aspects of blood services			

**PRIVILEGES NOT INCLUDED ON THIS FORM:** A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

**TEMPORARY CLINICAL PRIVILEGES:** In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

**ACKNOWLEDGMENT OF PRACTITIONER:**

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

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Department Chair/Chief/Designee:

**If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:**

Privilege#: \_\_\_\_\_

Condition/Modification/Explanation: \_\_\_\_\_

**If privileges are NOT recommended based on COMPETENCY, provide explanation:**

Privilege#: \_\_\_\_\_

Explanation for NOT recommending based on  
 COMPETENCY: \_\_\_\_\_

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

\_\_\_\_\_  
 SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE

\_\_\_\_\_  
 DATE

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:

APPROVED BY EXECUTIVE COMMITTEE ON:

APPROVED BY GOVERNING BODY ON:

PERIOD ENDING:

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