

FLOYD MEDICAL CENTER
SPP Pathology Functions Requested

Name in Full

Supervising Physician

Title

Department

Please list detailed description of each activity to be performed and note the degree of supervision, *direct or indirect*, by each.

Functions	Direct	Indirect	Approved
Will be on-site and available to clinician performing FNA's			
Immediate evaluation using Diff-Quik technique for the purpose of determining the presence of diagnostic cells			

Date _____

Signature of Applicant

Date _____

Signature of Supervising Physician

APPROVED FMC:

Department Chairman

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION
or FMC EVP and CHIEF MEDICAL OFFICER

Date

_____ Concur with Department's recommendation and forward to governing body

_____ Return to Department for clarification of the following: _____

BOARD APPROVAL: _____ YES _____ NO

Date