

SCOTLAND HEALTH CARE SYSTEM
Clinical Privileges Delineation Form
Specialty: PATHOLOGY

Applicant: _____

Procedure	Requested
ANATOMIC PATHOLOGY	
Cytology	
Fine Needle Biopsy	
Surgical Pathology	
Autopsy Pathology	
Cytopathology	
Neuropathology	
Dermatopathology	
CLINICAL PATHOLOGY	
Bacteriology	
Chemistry	
Hematology	
Immunohematology	
Myocology	
Parasitology	
Serology	
Virology	
Bone marrow aspiration & smears	
Blood Transfusion Technology	
FORENSIC PATHOLOGY	
NUCLEAR MEDICINE	
ARTERIAL PUNCTURE	

I hereby request the clinical privileges listed above.

Applicant's Signature: _____

Date: _____