

EVALUATION OF CLINICAL PRIVILEGES - BLOOD SERVICES

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	CATEGORY/PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Category I clinical privileges			
	a. Develop policies and procedures for collection, preparation, testing, dispensing and destroying blood and blood components in accordance with licensing and accreditation agency guidelines.			
	b. Order laboratory tests indicated by appropriate testing protocol or as directed by a staff physician.			
	c. Investigate patients with unexpected antibodies to red blood cell, white blood cell and platelet antibodies. Provide specialized blood products to meet the patient's transfusion needs.			
	d. Authorize the release of blood and blood components, based on treatment protocol, to include but limited to red blood cells, fresh frozen plasma, platelet concentrates, cryoprecipitate antihemolytic factor, and Rh-immunoglobulin.			
	e. Provide transfusion therapy consultation to assist physicians with appropriate blood component selection and dosing.			
	f. Provide blood administration consultation to the transfusionist, physician, or nurse emphasizing education of the health care provider and compliance with regulatory agency blood product administration standards.			
	g. Investigate immediate and delayed adverse reactions as a result of blood transfusion therapy.			
	h. Authorize the collection of autologous and directed blood donations according to established protocols.			
	i. Consult with allogeneic donors on eligibility requirements for blood donation and positive screening tests.			
	Category II clinical privileges			
	a. Performs therapeutic phlebotomy and therapeutic apheresis procedures based on approved treatment protocols.			
	b. In conjunction with the Medical Director, develop guidelines for hospital transfusion and donor center practices.			
	Category III clinical privileges			
	a. Perform Institutional Review Board approved clinical research studies in donor operations and transfusion medicine.			
	b. Provide consultation services to assist physicians/other privileged providers with treatment protocols for Institutional Review Board approved clinical research in transfusion medicine.			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR

SIGNATURE

DATE *(YYYYMMDD)*