

**University of Texas Medical Branch
Privilege Delineation Form**

**Criteria for Approval to Perform Muscle Biopsies
Scientific Staff**

CANDIDATE FOR SCIENTIFIC STAFF NAME: _____

By requesting approval to perform muscle biopsies, I agree to be trained to do the procedure by a physician member of the medical staff and understand I must demonstrate competency before privileges are approved. I agree to adhere to the University of Texas Medical Branch Policy and Procedures concerning informed consent, to adhere to the process of performing muscle biopsies as I am trained to do it, to notify the attending physician in advance of planned muscle biopsies, and to immediately notify the attending physician and the Chief of Staff of complications or concerns.

Signature of Candidate: _____ Date: _____

| OBSERVATIONAL CRITERIA | MET | NOT MET |
|---|------------|----------------|
| 1. Ensures informed consent for the procedure is obtained and documented according to hospital and medical staff policy. | | |
| 2. Confirms absence of lidocaine allergy from hospital record and patient or guardian interview prior to procedures. | | |
| 3. Demonstrates knowledge of aseptic technique in preparation of site, during procedure and post procedure | | |
| 4. Ensures patient safety and comfort during procedure; correctly administers local anesthetics. | | |
| 5. Obtains muscle biopsy specimen by needle aspiration through 1 cm incision. | | |
| 6. Demonstrates suture technique for wound, pressure to control bleeding and observation for hemostasis post-procedure. | | |
| 7. Demonstrates knowledge of potential adverse actions / reactions to the procedure and process for notification of physician coverage. | | |

I attest that I have personally trained or ensured training of this candidate and have observed him / her correctly performing this procedure on at least 10 occasions.

Observer Name: _____ Date: _____

Observer Signature: _____