Keck USC/LAC+USC Medical Center
REQUEST FOR ELECTIVE IN PATHOLOGY

Name: _____ Date: _____

Elective: _____

Elective dates: _____ to _____

Elective Requests **MUST** be **submitted 2 weeks *BEFORE*** the start of your elective rotation

What do you want to accomplish on this elective?

Objectives: _____

_____

_____

_____

In addition to the above objectives, the resident agrees to the following service responsibilities:

- AP Service Responsibilities (including, but not restricted to): At the discretion of the Unit Chief, be scheduled for, and/or cross-cover in emergencies: sign-outs, intraoperative consultations, frozen sections, grossing surgicals, showing cases around, conducting multi-headed review of cases with clinicians and presentation at clinicopathologic conferences, e.g., Tumor Boards.

- CP Service Responsibilities (including, but not restricted to): At the discretion of the Unit Chief(s), be scheduled for, and/or cross-cover in emergencies: coverage of Transfusion Medicine (e.g., transfusion reaction work-ups, consultations, antibody panels, etc.), coverage of Wet Hematology/Flow Cytometry, coverage of Clinical Chemistry.

_____ ____ / ____ / ____

Signature of Resident **Date**

APPROVED:

_____ ____ / ____ / ____

Rotation Chief/Attending **Date**

_____ ____ / ____ / ____

Program Director **Date**