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| Delegation Template  Template for Use by Authorizers Who **Do Not Have** Ordering Authority |

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| **Title:** |  | | **Number:** |  |
| **Activation Date:** |  | | **Review due by:** |  |
| **Sponsoring/Contact Person(s)***(name, position, contact particulars):* | | | | |
| **Delegated Procedure:** | | **Appendix Attached:  Yes  No Title:** | | |
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| Recipient Patients: | | **Appendix Attached:  Yes  No Title:** | | |
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| **Authorized Implementer(s):** | | **Appendix Attached:  Yes  No Title:** | | |
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| **Authorizing Mechanism(s):** | | **Appendix Attached:  Yes  No Title:** | | |
|  | | | | |
| **From Whom:** | | | | |
|  | | | | |
| **Indications:** | | **Appendix Attached:  Yes  No Title:** | | |
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| **Contraindications:** | | | | |
| **Consent:** | | **Appendix Attached:  Yes  No Title:** | | |
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| **Guidelines for Implementing the Procedure:** | | **Appendix Attached:  Yes  No Title:** | | |
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| **Documentation/Communication:** | | **Appendix Attached:  Yes  No Title:** | | |
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| **Quality Monitoring Guidelines:** | | **Appendix Attached:  Yes  No Title:** | | |
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| **Administrative Approvals (as applicable):** | | **Appendix Attached:  Yes  No Title:** | | |
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| **Approving Authorizer(s):** | | **Appendix Attached:  Yes  No Title:** | | |
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