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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:** |
|  |
| Recipient Patients: | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **Authorized Implementer(s):**  | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **Authorizing Mechanism(s):**  | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **From Whom:**  |
|  |
| **Indications:**  | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **Contraindications:**  |
| **Consent:**  | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **Guidelines for Implementing the Procedure:**  | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **Documentation/Communication:**  | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **Quality Monitoring Guidelines:** | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **Administrative Approvals (as applicable):**  | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
|  |
| **Approving Authorizer(s):**  | **Appendix Attached: [ ]  Yes [ ]  No Title:** |
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