

Name of the Applicant: _____

Nephrology		Number of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges				
1.	Admit, perform history and physical exam, evaluate, investigate, diagnose, consult, and provide treatment or consultative services to patients presenting with illnesses, injuries, and disorders of the kidneys	/		
(B) Special Privileges				
2.	Acute and chronic haemodialysis			
3.	Peritoneal dialysis (excluding placement of temporary peritoneal catheters)			
4.	Intermittent Renal Replacement Therapy			
5.	Continuous renal replacement therapy			
6.	Haemoperfusion			
7.	Plasma exchange			
8.	Management of kidney transplant patients			
9.	Placement of temporary vascular access for haemodialysis and related procedures			
10.	Percutaneous biopsy of both autologous and transplanted kidneys			
11.	Peritoneal dialysis catheter insertion			
12.	Central venous cannulation			
(C) Others (Please specify)				

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20241004)

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____