

**Scope of Practice Form – Medical Oncology**

Name of the Applicant: \_\_\_\_\_

Medical Oncology		Number of Procedures Performed	Privileges Applied	Privileges granted	
<b>(A) Core Privileges</b>					
1.	To admit, evaluate, diagnose, consult, perform history and physical examination and provide treatment or consultative services to patients of all ages presenting with malignant tumors	/			
<b>(B) Special Privileges</b>					
2.	Administration of chemotherapy agents and biological response modifiers through all therapeutic routes		/		
3.	Prescription and administration of oral or intravenous drugs and medicines related to cancer supportive care				
4.	Management and maintenance of indwelling venous access catheters				
5.	Bone marrow aspiration and biopsy				
6.	Paracentesis				
7.	Thoracentesis				
8.	Lumbar puncture				
9.	Fine needle aspiration of tumor mass				
10.	Intrathecal injection of chemotherapy agents and biological response modifiers				
11.	Injection of drug through an indwelling pleural drain				
<b>(C) Others (Please specify)</b>					
_____					
_____					

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date (dd/mm/yyyy)**

*(Form version: 20250318)*

**For Official Use Only**

Approved by:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_