



## HealthTalk Live! Understanding Your Lab Test Results

**A**SCLS is proud to announce a unique collaboration with HealthTalk.com, an online leader in patient education. With the American Society of Clinical Pathologists, the three organizations worked together to produce an innovative 2-hour, live webcast on June 26th, titled "Understanding Your Lab Test Result." Through the popular healthtalk.com web site, patients were able to call in or email questions directly to a panel of leading medical and clinical lab experts from ASCLS and ASCP. "This is a unique opportunity to help patients directly and to showcase our expertise and our profession. The mission of our profession is to ensure excellent, accessible cost-effective laboratory services for the consumers of health care and this is one way to do that" said Elissa Passiment, Executive Vice President of ASCLS in a flyer announcing the webcast.

The 2-hour session was "full to the brim" of information about lab tests and lab results that mystify patients and their families. Live telephone calls and e-mail questions ranged across the full spectrum of testing, particularly as related to specific diseases and conditions. Issues discussed included: Hepatitis B, Hepatitis C, juvenile diabetes and Hemoglobin A1C, liver function testing, multiple myeloma and bone marrow examinations, RA testing, management of asthma, chronic lymphocytic leukemia, total cholesterol and the HDL and LDL cholesterol components and cancer testing and biopsy examinations. Also the panelists provided listeners with an insight concerning laboratory regulations, result accuracy and analytical and individual variance, effects of patient preparation, reference values, and access/

rights to test results.

The scope of listeners was amazing! Questions/calls came from across the nation; California, Pennsylvania, Missouri, Washington State, and Florida were a sample of US callers. International calls were received as well, both western and eastern Canada and San Paolo, Brazil are examples.

ASCLS representatives forming the panel were:

- Susan Leclair, Ph.D., professor of clinical laboratory science at the University of Massachusetts - Dartmouth. She is a regular contributor to HealthTalk.com; she is also creator of the ASCLS Consumer Information Web Page. Dr. Leclair's area of expertise is hematology and coagulation.
- James T. Griffith, Ph.D., the chairperson of the Medical Laboratory Science Department at the University of Massachusetts - Dartmouth. Dr. Griffith is the current past-president of ASCLS. His area of expertise is in microbiology and infectious disease and the use of antibiotics.
- Dorothy (Dee) Fike, Ph.D., an associate professor at Marshall University in Huntington, West Virginia where she teaches human genetics, pathophysiology, immunology, serology and blood banking. She is currently a member of the ASCLS Consumer Web Site Response Team.
- Mary Ann McLane, Ph.D., an assistant professor at the University of Delaware in the clinical laboratory science program. She is an expert in demystifying chemistry test results from metabolic panels to specific tests for organ function.

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## And Now A Word For Our Sponsors—

Sponsors are vital, even critical to a successful national meeting such as that planned for ASCLS, July 29 - Aug. 2, 2001, in Chicago, IL. In recognition of their contribution to that success, each member should express a personal word of appreciation to the following sponsors:

### **Bayer Diagnostics**

for sponsoring the Preliminary Program

### **Abbott Laboratories**

for sponsoring the Opening Session and The Second City

### **Dade Behring, Inc.**

for sponsoring the Closing Session with Dr. George Lundberg

### **Olympus America, Inc.**

for sponsoring in part the Full-Day Workshop  
Malaria Parasites & Identification Problems

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## Today's Agenda

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## President's Message

by Cheryl Caskey, MA, CLS, CLSpI(NCA)  
ASCLS President 2000-2001

# There Is a Heaven for Volunteers

“Catch on fire with enthusiasm and people will come for miles to watch you burn.” (John Wesley) Volunteers, enthusiasm—a winning combination. I stood before you last year as your new president and shared my vision for ASCLS for the next year. I envisioned ASCLS moving forward, plowing new ground, and continuing the work of past traditions.

Someone has said there are four kinds of bones in every organization. “There are the WISHBONES, who spend their time wishing someone else would do the work. There are the JAWBONES, who do all the talking but very little else. Next, there are the KNUCKLEBONES, who knock everything anyone ever tries to do. And finally, there are the BACKBONES, who get under the load and do the work.” (Author Unknown)

You have been the BACKBONES of ASCLS this year. You have done the work and helped ASCLS and the profession move forward and plow new ground. It has been gratifying to see many of you embrace the Strategic Plan devised by the Board of Directors last year. A president has the unique opportunity to suggest, prod, cheer, assist, and even observe during the year. I asked and you responded; I also saw what a dedicated group of volunteers can accomplish. Some of you, like me years ago, may not have seen being President of ASCLS in our future. My advice, however, is to consider it seriously. If you get the chance to serve, it is a wonderful experience. “Your vision will become clear only when you look into your heart—Who looks outside dreams. Who looks inside, awakens.” (Carl Jung)

One person at a time, one action at a time moved ASCLS forward this year. Our web site has been expanded to include a career center with member testimonials, multiple discussion forums, an increased number of online education opportunities, other ASCLS services, and a “Members

Only” section.

Our advocacy efforts have been strong in government, professional, and public arenas. We provided testimony on key issues, regulations, and legislation and hosted another successful Legislative Symposium and Clinical Laboratory Educators’ Conference. We continued our leadership role with the personnel shortage with a second successful Summit of laboratory organizations and government agencies that culminated in a consensus agreement on several actions to be taken. We launched an effort to get clinical laboratory professionals included on the list of professionals who can be certified diabetes educators. The states of Georgia and Montana and their grassroots members have engaged in battles against others who have tried to intrude in our scope of practice.

We have taken every opportunity to promote the NCA, its exams and credentials and educate practitioners on its importance to our practice field. The web site Consumer Expert Team has demonstrated the knowledge we have and the contributions we make to patient outcomes through its work with consumers visiting our web site for help with laboratory test questions.

We have continued to look for and take every opportunity to collaborate with other organizations and to participate in various coalitions. We have continued to dialog with AACC to explore additional ways to partner successfully. The Association of Genetic Technologists also joined us for the 2001 Legislative Symposium. Numbers of joint state and regional meetings increased.

We challenged each other to be culturally sensitive “as an organization” to be sure we serve everyone in the practice field. Effort has been made to recruit and mentor members and leaders from various cultures and to have culture sensitivity permeate ASCLS.

We worked hard on membership recruitment and retention. Consistent effort has been made to educate colleagues about the laboratory professional organization choices we make and their effect on Clinical Laboratory Science. The Minnesota Society for Clinical Laboratory Science, for example, developed a self study, “A Brief History of Clinical Laboratory Science” to provide a message concerning our roots and the importance of ASCLS and its constituent societies to the profession.

A leadership development guide was developed to assist societies in identifying and mentoring leaders. We have stressed the need for the ASCLS to create volunteer opportunities for every interested member. We must value both our direct and virtual volunteers in meaningful ways. New student and member awards were developed for 2001-02 to increase participation in paper and poster presentations at the Annual Meeting and to provide an avenue for educational programs to showcase their value-added outcomes. A new career recruitment brochure and CD Rom have been developed by colleagues in Texas. A collection of member biographies from each state that will reflect what practitioners can and have achieved will be compiled as a potential career marketing tool, and efforts have been made to increase communication to all members regarding activities and issues this year.

A number of task forces made significant contributions. Position papers on Scope of Practice, Medical Errors and Patient Safety, and Leucoreduced Blood Products were written in a proactive response to issues impacting Clinical Laboratory Science. The Personnel Shortage Task Force reviewed the proceedings from the first personnel shortage Summit and recommended the roles and responsibilities that ASCLS should take in each of the areas delineated. The Scien-

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## Professional Development – A View From the Trenches OR Professional, What's Dat?

Anne Grant, New Mexico Society for Clinical Laboratory Science

Those who are employed in clinical laboratory science or those students currently in clinical rotations know that laboratorians are not always treated as professionals. However, in all honesty, we have to admit that not everyone we work with acts like a professional. So, the question is, "What does it mean to be a professional?" This is a very relevant question for both the new graduates and those of us who have been "in the trenches" for a number of years.

Let's look at the facts :

The formal definition:

**profession** - 1, An occupation that properly involves a liberal, scientific or artistic education or its equivalent, and usually mental rather than manual labor; especially, one of the three learned professions: law, medicine, or theology. - 2. The collective body of those following such occupations. The act of professing or declaring; declaration; avowal; professions of good will, etc.

**Professional** - 1. Connected with, preparing for, engaged in, appropriate to, or conforming to a profession: professional courtesy; e.g., a professional soldier. 2. Of or pertaining to an occupation pursued for gain: a professional athlete 3. One skilled in a profession, craft or art.

(Source: *The Readers Digest Great Encyclopedia Dictionary, 1966*)

What do we notice about other professions?

We all have an idea in the back of our minds about what constitutes a professional. Is that picture realistic?

Let's examine some of the components that we identify about a professional:

1. Pay scale - Most laboratorians think that we are not paid enough, as do many other professionals (classical musicians for example). It doesn't say anywhere in the definitions above, that you will make a lot of money; it just says that you will get paid for what you do.
2. Respect - Does every individual in other professions get respect? Not really, otherwise we would not have endearing words in our vocabulary, such as: shyster, quack, and ham. On the other hand, the professions of doctor and lawyer seem to confer respect until the individual does something to destroy the trust people place in them. Unfortunately, as a group, Clinical Laboratory Scientists do not have that immediate recognition and automatic reflex of respect. Is this because few members of the public recognize this title and know who we are and what we do?
3. Expertise - We have a unique combination of education, training, and experience that enable us to perform clinical laboratory testing in an accurate and timely manner. This collection of knowledge and skills is considered as expertise. We can reasonably expect to be compensated when we use our expertise. We are expected to have this expertise already in place when we are employed.

4. Autonomy - In the minds of many people, there is an element of independent thought associated with being a professional. Autonomy does not mean doing what ever you want; a lawyer for instance, is an officer of the court and can not violate the law, even if it means sure acquittal for his client.

Conclusions about being a Professional: After 20 years of experience in the profession of Clinical Laboratory Science, I perceive two things very clearly:

- My education and training have become a part of my working life, no matter where I go or what my job title may be., and
- I will continue this process for the rest of my working life; therefore, I had better sustain my interest in the subject matter. Even retired physicians read the New England Journal of Medicine.

### My Job Versus My Profession

"But, I have to eat!" you say. "All this is very noble, but I need to earn money." So...what does it mean to be an employee?

Another definition: **employee** - One who works for another in return for salary, wages, or other consideration.

Oh...One who works for another...So, the employer expects you to use your education and training for their benefit. And, we established that when a professional person is hired, a certain level of expertise will be already in place. Employers don't really pay you to be professional so much as they pay you to practice your profession, in a way that benefits them. It is the responsibility of the individual professional employee to determine how or if, this dual responsibility can be met. In other words, find a way to practice your profession in an ethical manner and still benefit the employer who provides the salary. If you hired a lawyer who didn't want to file a brief or argue your case, would you want to pay their fee?

To me, my job and my profession are not the same things. My institution pays me a salary to use my expertise to benefit them. While I am "on the clock", I do this to the best of my ability. This is my job.

However, I am interested and concerned about clinical laboratory testing whether I am working or not. I do not get paid to attend CLS meetings, continuing education seminars or workshops; I do not get paid to speak to high school students about clinical laboratory science, or to other groups of the public. Why do I do it? I want to do all that I can to support the organizations that represent my profession. I want to influence those prospective students who are the future of my profession. I want to ensure that the future of health care is not compromised. All of these factors have a direct impact on my future as well.

### Tips from the Trenches

You can't control how others treat you; you can control your reaction to that treatment. When someone asks you about your job, did you have to go to school, or similarly questions – THIS is the perfect opportunity to educate that person about your profession and what clinical laboratory science is all about! Blow your

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## CHECK IT OUT!!

Shawn A. Settles

Following are some reminders of on-going and up-coming events or items of general interest.

Also, a number of internet/web sites are identified where very useful information may be obtained with very little effort!

### 2002 National Medical Laboratory Week

The dates will be April 14-20, 2002, mark your calendars early.

### Summits on the Shortage of Clinical Laboratory Personnel

Please visit the website at [www.ascls.org](http://www.ascls.org) and click on the third blue bar to view this information.

### 2002 Annual Meeting Program Proposal Form

If you are interested in submitting a suggestion for the 2002 Annual Meeting Program, please mail the completed form to ASCLS, Attn: 2002 CEAC Chair, 7910 Woodmont Avenue, Suite 530, Bethesda, MD 20814 or by email to [ascls@ascls.org](mailto:ascls@ascls.org) no later than AUGUST 15, 2001.

### 2002 CLEC Call for Abstracts

If you are interested in submitting an abstract for a poster or technology demonstration at CLEC 2002, please mail the completed form, original abstract, and disk by SEPTEMBER 15, 2001 to ASCLS CLEC 2002, 7910 Woodmont Ave., Suite 530, Bethesda, MD 20814.

### ASCLS Career Center

Have you visited the career center at <http://www.ascls.org/jobs/index.htm>? Looking for career information about Clinical Laboratory Science? Seeking a new job? Need to post an open position for your laboratory? The ASCLS Career Center is an excellent place to research career information, find a job, or to advertise your open positions. If you have an open position that you would like to advertise on the ASCLS Employment Board, go to the website at <http://www.ascls.org/jobs/index.htm>. Click on the "Post a Position" button, and it will take you to the web based form. You may type the information in each of the fields and then click on the "Add" button to submit electronically. You will only need to submit a posting once. Please note, your position listing will not appear immediately. It will be reviewed by an ASCLS staff member and upon approval will appear in the employment database. This process should take 1 (one) business day. You can pay by credit card, check, or purchase order. Please make checks payable to ASCLS. The fee is \$50 fee for each ad submitted for one-month period. If you need to adjust your listing, please contact Shawn Settles, and we will change it. This is a quick and efficient way to promote your position opening. Please inform your colleagues of this service.

### Online Forums

There are three new forums on the website. ASCLS provides these forums as a place where our members and visitors can post up-to-date information, ask questions, reply to posts, and keep in touch with other colleagues on the Internet. This is an open forum, and messages appear as soon as they are posted. The

forums can be located by going to the website at [www.ascls.org](http://www.ascls.org) and clicking on the caption that reads, "Check out the NEW Forums section of the ASCLS Website" under the "What's New" section. You may also gain access to the forums at <http://www.ascls.org/cgi-bin/ubb/Ultimate.cgi>.

### Web-based Continuing Education

Whether it just slipped your mind, or you were too busy to deal with it earlier, the deadline to earn continuing education credits (CEUs) always seems to be at hand. Here are opportunities that ASCLS offers via the Internet:

### Learning Scope Online

Please visit the ASCLS website at [www.ascls.org](http://www.ascls.org) and look under the "What's New". Scroll down five bullet points and click on the caption that reads "Earn Your P.A.C.E.<sup>®</sup> Credits Online with ADVANCE Learning Scope Online."

### Westgard Quality Corporation

Please visit the ASCLS website at [www.ascls.org](http://www.ascls.org) and look to the right of the "What's New" and scroll down and click on the caption that reads "Continuing Education provided by ASCLS and Westgard Quality Corporation".

### Virtual Presentations

Please visit the ASCLS website at [www.ascls.org](http://www.ascls.org) and click on the blue bar that says "Take our Virtual Presentation Online Courses for P.A.C.E.<sup>®</sup> Credits."

### Virtual Library

Audio and video of sessions and posters from CLEC 2001 are now available by subscription on the ASCLS website. ASCLS has partnered with Digiscript to bring you this opportunity. For more information and to subscribe, visit the ASCLS website at [www.ascls.org](http://www.ascls.org) and click on the image that says "Visit Our Virtual Library".

### University of Medicine and Dentistry of New Jersey School of Health Related Professions (UMDNJ – SHRP)

ASCLS and the University of Medicine and Dentistry of New Jersey – School of Health Related Professions (UMDNJ – SHRP) are pleased to announce the formation of a partnership to bring the University's online Master of Science in Health Systems and Certificate in Clinical Systems Management to ASCLS members. This program has been offered since 1999. ASCLS becomes the second organization to partner with UMDNJ on this national program. A formal announcement was included in an earlier issue of *ASCLS Today*.

### Chronolab Vision Group

ASCLS has partnered with Chronolab to bring you these exciting CD's:

### Laboratory Hematology: Atlas of the Peripheral Blood Smears

Provides diagnostic assistance in the routine tasks of peripheral blood smear analysis in hematology and biochemistry laborato-

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*Professional Development* from page 3

horn! This is a vital profession that makes a very positive contribution to the health of the citizens of the US – let people know about it!

Keep up with the latest developments. Take every opportunity to learn and/or understand more. Knowledge is never wasted. Developments in health care are coming at a very fast pace and it is difficult to keep up. Continue to develop as a professional even if you must do it on your own time or pay for it yourself.

Take the global view of what constitutes the practice of clinical laboratory science. New concepts of diagnosis, treatment, and prevention are being advanced by research; research being done around the world. What we do today may change significantly during our professional lifetime. Don't let the opportunity to grow, learn, and advance slip through your fingers.

**Who Is On Your Side?**

One of the best things about this profession is the endless variety of "jobs" that exist in it. You can work in a small to medium size laboratory and be an awesome generalist. You can work in a large laboratory and be the super-tech specialist. You can find your place in a research laboratory and be in on the "cutting edge" of flow cytometry, molecular cytogenetics, transfusion medicine, or many other fascinating possibilities.

Don't limit your profession to your job! Keep learning all that you possibly can. When opportunities come your way, be prepared to take advantage of that opportunity and spread your wings.

- If you like to write, work to take your expertise into the variety of media available.
- If you have concerns about our environment, there is a place in water and air pollution testing.
- If you are concerned about foods and nutrition of our citizens, you can be a vital component of making sure of food safety.
- If you like teaching and working with students, an educational role may be for you.

Research, consulting, public health, physician laboratories, case management, and many, many, many other opportunities may be in your future.

Most of us can't do many of these things all by ourselves. We need the support and encouragement of our fellow professionals. Most professions have at least one professional organization that voices the concerns and issues that confront its members. ASCLS is that organization for us.

ASCLS is an invaluable resource: a voice in the halls of congress and other government offices, an educational tool that provides specialized continuing education to all laboratorians, a resource

which guides and mentors members in both professional and leadership roles, a network of members who understand the difficulties and who encourage individual and collective growth.

An important part of professional development is to become an active member of ASCLS and to encourage and recruit our colleagues and friends to become members as well.

**BE A PROFESSIONAL IN A PROFESSIONAL ROLE!**

*(This article was adapted from a presentation made by the author at CLS student seminar, Spring, 2001.) ▲*

**"Let Me Check My Calendar"...  
From the Editor's Desk...**

Are you one of those people who appear to have an attachment at the end of one hand? It could be a notebook, an organizer (text or electronic!), a hand held computer device, a Day-Timer, Day Runner, Franklin-Covey, or whatever...but it is permanently (or so it seems) attached and essential to your daily routine.

Well, it is time to open your attachment and mark or highlight some special dates in the coming ASCLS new year.

First, a reminder for the *ASCLS Today* contributors: All materials for the newsletter should be submitted (electronically, please!) by the first of the month prior to the month of publication. Example: if you want to alert the membership to a meeting or presentation that will occur in October, you should provide all information to the Editor by August 1 in order to have the information published and distributed in the September issue. If you have questions, please contact the Editor. ▲

**Events from the ASCLS 2001-2002 calendar:**

**Proposals for Abstracts: Posters and Technology Demonstration for the Clinical Laboratory Educators Conference,**  
Honolulu, Hawaii, Feb. 26-Feb. 28, 2002  
are due by Sept. 15, 2001

Regional Directors) due: Feb. 15, 2002

**Clinical Laboratory Educator's Conference,** Honolulu, Hawaii:  
Feb. 26-Feb. 28, 2002

**Fall Board Reports** (from States to Regional Directors) due: Sept. 28, 2001

**Board of Directors Interim Meeting:**  
March 16-17, 2002

**Fall Board of Directors Meeting:**  
Oct. 23, 2001

**Legislative Symposium,** Washington, DC:  
March 18-19, 2002

**Nominations for ASCLS Elected Positions:**  
due to Nominations Chair: Nov. 9, 2001

**National Medical Laboratory Week:**  
April 14-20, 2002

**Recommendations for ASCLS Committees and Other Appointments:** due to President-Elect by Jan. 31, 2002

**Annual Reports Due:** (States to Regional Directors): June 7, 2002

**Interim Board Reports Due:** (States to

**ASCLS Annual Meeting and 25th IAMLT World Congress,** Orlando, Florida: July 30-August 3, 2002

## A Case Study

Submitted by Margaret Powell,  
Senior Student, University of  
Arkansas Medical Sciences CLS/  
MT Program, Little Rock, AR

After vacationing in Louisiana, a 21-year-old, active duty, African-American woman at 34 weeks gestation presented to her prenatal clinic with complaints of yellow eyes, extreme fatigue, loss of appetite, craving for sour foods, and hot/cold flashes. The patient's past medical history was negative for any prior medical problems, blood transfusions, hepatitis, or cholelithiasis. She denied abdominal pain, joint pain, or fevers. She admitted to eating raw fish, oysters, and shellfish during her vacation.

The physical examination revealed a non-distressed woman with stable vital signs, scleral icterus and jaundiced skin. Ultrasound revealed that the fetal weight was appropriate for the gestational age. Laboratory evaluation revealed a hematocrit of 32.6%, elevated liver function tests and elevated total bilirubin. A right upper quadrant ultrasound was negative for cholelithiasis, cholestasis, and common duct dilation.

The patient was hospitalized for more extensive tests. The differential diagnosis of the hemolysis included: disseminated intravascular coagulation (DIC), hemoglobinopathy, autoimmune disease and hemolytic anemia of unknown etiology. One day later, the woman delivered a baby without complications. Laboratory tests obtained on the mother that evening included:

Blood smear: Nucleated red blood cells seen, Howell-Jolly bodies and anisocytosis. No schistocytes or sickle cells seen.

Hematocrit:	26%
Retic count:	8.8%
Coagulation studies:	Normal
Total bilirubin:	5.2 mg/dL
DIC panel:	Normal

On hospital day 4, the patient's hematocrit dropped from 26% to 22.7%. She was given a transfusion of two units of CMV-negative packed red blood cells. A negative urine hemosiderin and elevated reticulocyte count were suggestive of

extravascular hemolysis, and her presumed diagnosis was hemoalytic anemia of autoimmune etiology. The patient was started on 60 mg of oral prednisone and iron. After the blood transfusion, her hematocrit remained stable at 29% over the next two days. Additionally, the patient's jaundice clinically improved and the total bilirubin decreased to 3.3 mg/dL. A hepatitis panel was negative for hepatitis A, B, C and D. The G6PD level was normal, ruling out G6PD deficiency.

Autoimmune hemolytic anemia (AIHA) is caused by an IgG auto-antibody attaching to the patient's red cells. The spleen attempts to remove the antibody and either removes the whole cell or takes off the antibody and some of the cell membrane creating a spherocyte. The spherocytes can not deform on subsequent passes through the spleen and are ultimately destroyed, creating a moderate to severe anemia. AIHA was ruled out in the patient by the following findings:

Ultrasound of spleen: No hypersplenism (spleen is usually enlarged in AIHA)  
DAT (Direct Antiglobulin Test): Negative  
Autoimmune Panel: Negative  
Osmotic Fragility: Decreased fragility indicating target cells or hemoglobinopathy

The final diagnosis of sickle cell crisis was made when the hemoglobin electrophoresis results showed:

- Hemoglobin S: 73 %
- Hemoglobin F: 27 %

Given the fetal hemoglobin of 27%, it was decided that the patient had sickle cell anemia and Hereditary Persistence of Fetal Hemoglobin (HPFH) trait. Heterozygous HPFH, a benign hereditary condition seen mostly in African Americans, has levels of hemoglobin F in the 10 - 30 % range. After one more unit of packed cells, the patient's hematocrit stabilized and she was discharged.

Most cases of sickle cell anemia are diagnosed at birth (since 1988, all babies in Arkansas are screened at birth) or during childhood. Pediatric patients typically present with vaso-occlusive crises causing recurrent infections, organ dysfunction, tissue necrosis, thrombosis, and swelling of the hands and feet. Symptoms of sickle cell and the anemia are often exacerbated during pregnancy.

Fetal hemoglobin works almost as well as normal adult hemoglobin in

carrying and releasing oxygen. Patients with sickle cell anemia who have a high percentage of Hemoglobin F are protected from the severe clinical picture by the fetal hemoglobin. This patient had shown no symptoms of sickle cell anemia until the stress of pregnancy brought on her crisis.

(This case study was reprinted, with permission, from *The Techni-caller*, April, 2001, a publication of the Arkansas Society for Clinical Laboratory Science) ▲

*Check It Out*

*from page 4*

ries. It is also a unique educational resource to assist in teaching the art of interpreting and mastering the science.

### Chronocomb

Lab software designed to provide the physicians, nurses, medical biochemists, laboratory scientists, and patients using urine strips for self-monitoring, with an overview of current information and results interpretation.

### Atlas of Urinary Sediment

Intended for everybody whose work is related to the examination of urinary sediment: specialists in medical biochemistry, medical biochemists, doctors, postgraduates, laboratory scientists and technicians, medical biochemistry and medical students, and all those who want to study, solve dilemmas or check their knowledge. This software makes you familiar with all procedures for preparing and examining urinary sediment, characteristics of some urinary elements, and their features; it will give you solutions to all your problems (similarities in cells), and teach you how to avoid errors in work.

### Atlas of Cerebrospinal Fluid Cells

*(Coming Soon)*

Provides illustrated information on cerebrospinal fluid cells (CSF) under normal and pathologic conditions. The aim of this atlas is also to correlate various neurologic diseases and in some cases their clinical stages with characteristic cytologic findings, such as in various infections of the nervous system or after subarachnoid hemorrhage, in other inflammatory diseases, and in primary or metastatic brain neoplasms and leukemias.



*President's Message**from page 2*

tific Assembly (S.A.) Task Force evaluated the S.A. purpose and current structure; it recommended an increased emphasis on the "science arm" of ASCLS through dedicated leaders during 2001-02 working to get each section active and productive. Internet membership has been studied. Entry level curricula for both the CLS and CLT levels were proposed utilizing the updated entry level portion of the Body of Knowledge.

A "think tank" was appointed to develop ways to market ASCLS and NCA to practitioners. The feasibility of establishing a Clinical Laboratory Science Center or Institute at the National Institutes of Health is being explored. The immediate constituent society past presidents and past ASCLS presidents will be invited to function as a team next year to assist ASCLS and leadership with environmental scanning, membership, and other activities.

Ours has been an active year. Each of you should be proud of what you and ASCLS have accomplished. We have put consistent effort into accomplishing our goals and advancing the profession. I wish thank each of you for your contributions. Thanks to the ASCLS staff for tireless efforts on our behalf; I have had the privilege to see first-hand what this modest staff does and accomplishes daily for us. Finally, I thank you for the opportunity to serve as your President this past year. It has been

a wonderful experience. I would like to end with this tribute to you, our grassroots volunteers:

*"Many of us will be shocked to find  
When the day of judgment nears,  
There's a special place in heaven  
Set aside for volunteers:  
Furnished with big recliners,  
Satin couches and footstools,  
Where there's no committee chairman,  
No group leaders, no car pools;  
No eager team that needs a coach,  
No bazaar and no bake sale,  
There will be nothing to staple,  
Not one thing to fold or mail.  
Telephone lists will be outlawed,  
But a fingersnap will bring  
Cool drinks and gourmet dinners  
And rare treats fit for a king.  
Who'll serve the privileged few  
And work for all they're worth?  
Why—all those who reaped the benefits  
And not once volunteered on earth!  
(Author Unknown) ▲*

*HealthTalk Live**from page 1*

Also a member of the panel was Anna Graham, M.D., professor of pathology at the University of Arizona College of Medicine and an anatomical pathologist at the University of Arizona Medical Center in Tucson. She is the current president-elect of the American Society of Clinical Pathologists. She is an expert at the analysis of biopsies and tissue samples as it relates to cancer and other disease such as hepatitis.

Moderator for the panel discussion was Andrew Schorr, Senior Vice President of HealthTalk Interactive and a co-founder of this site. Readily available and in-depth coverage of a wide range of health issues can be found at this web site [www.healthtalk.com](http://www.healthtalk.com). At the time of writing this article, replays of this Live WebCast can be heard through simple and FREE access to this webpage. All instructions for downloading the webcast are clearly provided. To hear the webcast, RealPlayer G2 (or newer) is required to listen to the program. This software is FREE and can be downloaded from the website. A transcript of the program will be available approximately three weeks following the original webcast.

This was a wonderful opportunity for ASCLS to demonstrate to our patients and to the public our expertise and role in their health care. Congratulations to all the panel members who were shining examples of our profession.

Dear reader, if you did not have the opportunity to hear this webcast on its original broadcast, please take some time to listen, enjoy, and be proud of your profession and the colleagues who represented you this night. Please TELL OTHERS - other healthcare professionals, family, friends - whomever you think might benefit from this discussion.

Congratulations to everyone involved in this endeavor! ▲

### Centers for Disease Control and Prevention (CDC) Model Performance Evaluation Program (MPEP)

for

#### Retroviral and AIDS-Related Testing

(HIV-1 Ab, HTLV-I/II Ab, HIV-1 RNA, HIV-1 p24 Ag, and CD4 T-cell)

and

#### *Mycobacterium tuberculosis (Mtb)* Testing

*(Mtb and nontuberculous mycobacteria drug susceptibility testing, and Mtb nucleic acid amplification (NAA) testing)*

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- ✓ Two performance surveys per year
- ✓ 5-6 well characterized challenging samples per survey for retroviral and AIDS-related testing
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For information about enrollment in MPEP programs contact:

(770) 488-8098 (voice) or (770) 488-8275 (fax)  
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*Mary Jean Rutherford, Editor*