

# The Connection

Oct 2017

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## President's Message

Hello ASCLS-ND members! Thank you for electing me to serve as your President for the next year! I really have enjoyed getting to meet many of you over the past year as President-elect, and hope to get to know even more of you in the months to come! For those of you that don't know me, here is a quick run-down:



- Born and raised in the great town of Rolla, ND
- Attended UND for a BS (in CLS), MS (in MLS), and PhD (in Teaching & Learning)
- Worked clinically in hematology at Abbott Northwestern Hospital in Minneapolis, as a generalist on pm/night shift at Altru Hospital in Grand Forks, and currently as flex in hematology (also at Altru Hospital)
- Currently work full time as an Associate Professor in the Department of MLS at UND; teach a number of undergraduate and graduate courses such as Advanced Laboratory Practice: Erythrocytes, Clinical Body Fluids, Clinical Hemostasis, and Teaching Principles in MLS
- Married to a middle school Technical Education teacher and have three children (Blake-8, Brynn-7, Blair-5)

Well that is enough about me...let's talk about YOU! First off – thank YOU! Thank YOU for spending your hard earned money on a membership with ASCLS. I guarantee you we do not take this lightly. The money YOU spend to pay for a membership is the reason that this organization exists. YOU are the reason ASCLS has as voice on important issues such as PAMA or the CMS ruling about nurses/other healthcare professionals performing lab duties. What I am trying to say is that we need YOU and we are thankful for your support!

Of course there are obvious benefits to being an ASCLS member, and I hope that you are getting to take advantage of some of these including: continuing education opportunities, journal and newsletter access, networking, and discounted rates for meetings, symposiums, and conferences. Another benefit that is sometimes forgotten is that YOU have the opportunity to give back to YOUR profession just by joining!

One thing I have learned as an instructor is that when a session gets too long – people tune out, so I think I will wrap this particular message up!

**Continued on page 4**

## Special points of interest:

- MLS Quiz-How well do you know your stuff: page 18
- Answers page 20

# ASCLS - ND Membership Update



Hello, my name is Zac Lunak and I am the President-elect for ASCLS-ND. One of my primary responsibilities this year is to serve as membership chair. As of October 25<sup>th</sup> this year, we have 62 active members. That number is a bit low compared to years past. Our goal this year is to eventually have 100 members. Having increased membership is more important than ever as we try to have a united voice for very important regulatory and government issues.

What's in it for members? This is a common question I get asked, and to be honest I found myself asking this same question when I first started with ASCLS. Listed below are what I believe ASCLS offers its members. I am asking all of us to help out and discuss with colleagues about ASCLS and the benefits it offers to members and the profession. Keep in mind, ASCLS does not restrict its membership to medical laboratorians. Other lab professions, such as phlebotomists, lab assistants, etc. are also welcomed.

## Benefits of ASCLS

- **Advocacy of profession (government affairs)**
- **Networking**
- **Publications**
- **Continuing Education**
- **Grassroots activities**
- **Online Community Resources**
- **Much more!**



## YOU CAN MAKE A DIFFERENCE!

By: Brooke Solberg, ASCLS-ND President

Recently, ASCLS sent out a message to members related to the Centers for Medicare and Medicaid Services (CMS) proposed cuts to laboratory reimbursement (full message at the end of this article). These cuts are massive, and are projected to be catastrophic, particularly for small independent labs, physician office labs, Medicare-dependent hospitals, rural hospitals, and nursing homes served by local

hospitals. The cuts are scheduled to begin on January 1, 2018.

**WE NEED YOUR HELP** and we need it **STAT!** Please make your voice heard by contacting representatives and raising your concerns, and asking anyone you know that might be impacted by this to do the same. ASCLS has set up an 'Action Center', where you can enter a quick message (or use the pre-written message supplied by them), and based on your address the message will be sent to your applicable representatives. It is so easy, and might help make a difference! Go to the ASCLS Action Center to do your part (scroll down to the bottom and click 'Take Action'): <http://www.ascls.org/advocacy-issues/action-center>

This type of situation illustrates why organizations like ASCLS and its members are so important. Please take a few moments and make a difference for our profession and for the healthcare of millions of people. If you haven't seen it yet, here is the full message send out by ASCLS on this matter:

*The Centers for Medicare and Medicaid Services (CMS) is proposing more than \$600 million in cuts to laboratory reimbursements beginning January 1, 2018, with total cuts rising to as much as \$1.5 billion annually compared to current reimbursement levels by 2020. These cuts are part of a flawed implementation of the Preserving Access to Medicare Act (PAMA) passed in 2014.*

*Over ten years, the cuts may total as much as \$13 billion, which is more than three times the estimate of \$3.9 billion Congress originally anticipated.*

*The impact of cuts to the Clinical Laboratory Fee Schedule (CLFS) will fall disproportionately on nursing homes served by local hospitals, small independent laboratories, and laboratories in physician offices, as well as Medicare-dependent hospitals and community hospitals in rural areas.*

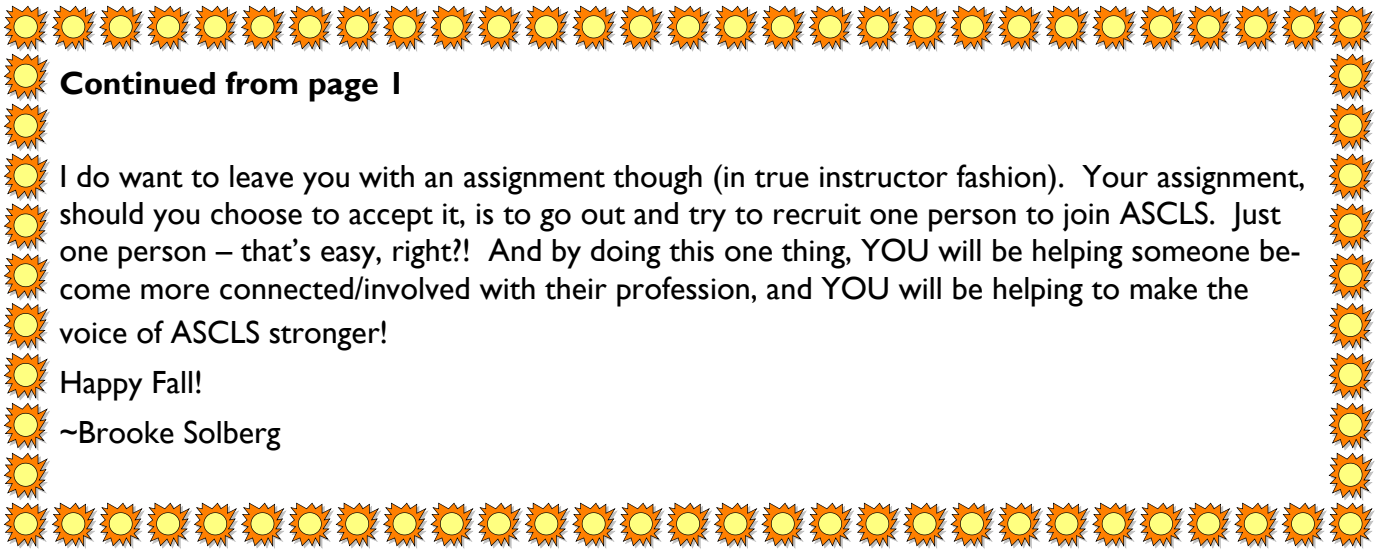
*We need the entire laboratory community to take action now! Follow this link for more detailed information and to easily contact your elected representatives.*

*Having committed the agency to a deeply-flawed data collection process, CMS has now drafted a distorted fee schedule built on questionable data collected from just five percent of the laboratories in the United States. CMS admits that just 1.85 percent of data was collected from laboratories serving rural areas.*

*Cuts to the CLFS will have a ripple effect through private insurers and other government payers like Medicaid, which use the CLFS to set their own rates. The outpatient laboratory service system in the United States could see a reduction in total annual reimbursements by as much as 25 percent over the next three years. The result will be a dramatic reduction in available testing and access to laboratory services for patients and clinicians. The cuts will also result in a near elimination of capital investment in the latest technologies needed to improve care.*

*Congress must act to prevent their constituents from losing access to these critical, life-saving medical services.*

**Continued on page 5**



**Continued from page 1**

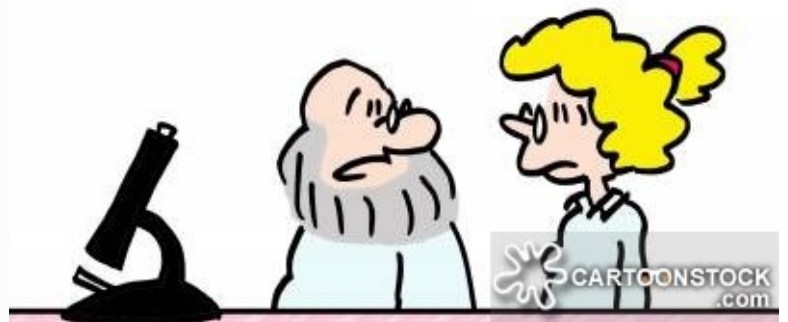
I do want to leave you with an assignment though (in true instructor fashion). Your assignment, should you choose to accept it, is to go out and try to recruit one person to join ASCLS. Just one person – that’s easy, right?! And by doing this one thing, YOU will be helping someone become more connected/involved with their profession, and YOU will be helping to make the voice of ASCLS stronger!

Happy Fall!

~Brooke Solberg



"The red circles are your red blood cells. The white circles are your white blood cells. The brown circles are donuts. We need to talk."



"Don't you hate it when they look *back* at you?"

**Continued from page 3****Deeply Flawed Approach by CMS**

Based on the implementation by CMS, Congress could have called this law the Preventing Access to Medicare Act. Choices made by the agency throughout this process were designed to lock out entire service sites and limit patient access to appropriate laboratory services. CMS chose to:

Define which laboratories would report data in the narrowest possible terms, resulting in 90% of reported data coming from independent laboratories. Hospitals and physician office laboratories provide 44% of Medicare services but represent just 8.5% of the reporting entities. Less than 1 percent of hospitals and physician office laboratories reported data. In 2016, HHS Office of Inspector General predicted 3,500 laboratories would report data, but 55% of that number actually did.

Change reporting requirements and deadlines multiple times and then ignore concerns that reported data lacked any verification process, resulting in a data set that includes erroneous data points, dramatic outliers and magnitudes of difference between the calculated mean and median.

Ignore the intent of Congress and publish rates for some highly used codes that will cut actual reimbursement by as much as 40% next year. For those HCPCS codes without a National Limitation Amount (e.g. 80061 Lipid Panel), CMS failed to set a reasonable benchmark for what laboratories are currently being reimbursed, and instead, proposes implementing the full cut in a single year.

The laboratory community has warned CMS and Congress during this entire process that the implementation was improperly managed. The agency's own analysis shows significant numbers of reporting entities don't appear to meet the definition of applicable laboratories. The analysis also show entities that submitted inaccurate data. CMS exhibited a pattern of excluding data that would have increased the weighted median, but included questionable data that lowered the weighted median.

In September 2016, The Department of Health and Human Services Office of Inspector General shared its concern about a lack of data validation. "Absent processes to verify whether applicable labs report their data or to verify the quality of data that labs report, CMS may set inaccurate Medicare payment rates for lab tests. PAMA required CMS to set Medicare payments rates for lab tests by using a market-based approach... If CMS does not have appropriate safeguards to ensure that all applicable labs report complete and accurate data, it may result in new Medicare payment rates that are inaccurate." (OEI-09-16-00100)

It is worth noting that CMS, trying to blunt criticism, performed "simulations" of broader reporting of data and claims that additional reporting would have not made a "significant impact." However, the simulations ignore the fact that unreported data would likely be at higher payment rates, making the simulations entirely useless as a predictor of the actual market. The reported "simulations" are designed to distract Congress and the public from the mistakes the agency made during implementation.

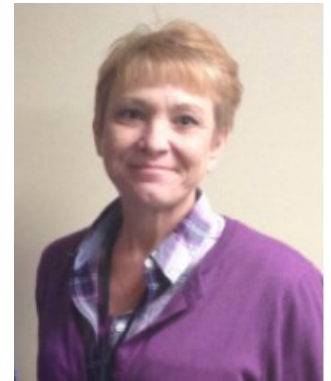
Congress may have anticipated these issues. Within the law, Congress directs the General Accounting Office (GAO) to perform a study of the PAMA implementation that examines payment rates across laboratory settings (including laboratories that furnish low volume services), the response from private payers, the impact on beneficiaries, and whether the data "accurately reflects market prices." Congress should accelerate the timeline for this report.

The wide-ranging impact these cuts will have on the entire healthcare system are too grave to base them on incomplete and unverified data. Congress must seek a delay and direct GAO to study the implementation immediately.

**Continued on page 21**

## Experiencing ASCLS Nationals for the First Time By Tammy Windish

First things first, I would like to thank ND-ASCLS for allowing me to attend 2017 National ASCLS in San Diego, California. I was a little nervous not knowing what to expect. The first meeting I attended frightened me with all of the parliamentary procedures followed and realized I really need to learn more about the parliamentary procedures that need to be followed during a meeting. I saw how hard the committees work over a year only to have people criticize and pick apart their work without giving the committee ideas. I felt bad that everyone was so critical over the new naming of our categories but never once did they thank the committee for all their hard work. Instead of arguing over category names we should come together and embrace the titles for what they are. Platinum does not mean old it means you have accomplished great things in your career that benefited ASCLS and your profession. It is the organization's way of recognizing and honoring you. The other big discussion was about the cost of students and new professional dues. The main discussion was about a certain number of years you can pay student dues. I understand that some people continue their education for years and years but I think the category of student should be for your initial degree. We are basically all students throughout the course of our career and to me the cost of annual dues is not a huge expense for what is offered to us. So now onto my favorite things about ASCLS Nationals. Meeting new people from everywhere and discussing how they do things in their facilities. I learned so much from the sessions but more importantly from visiting and making new colleagues and friends. The weather and hotel made for a great environment for doing just that. I also enjoyed getting to know my fellow North Dakota and Region V members on a different level than just meetings. I feel like a stronger bond was created and know that we all have lives outside ASCLS. That being said I also feel more committed to ASCLS and know we can all work together to reach the goals we want for our organization.



Jeanie, she has been going to nationals for 50 years and meets her friends, that she met through her years as a part of ASCLS, every year at the ASCLS Nationals.



## THREE'S THE CHARM

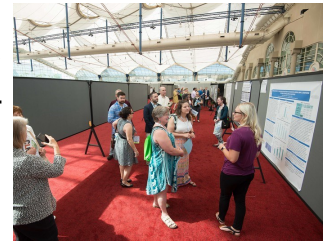
### By Sharon Reistad

Well this was my 3rd and final National meeting as part of the ASCLS-ND Board and what a way to go out. The national meeting was held in San Diego, California from July 31– Aug 3. We were housed in the Omni Hotel-San Diego which sat just off the bay. The ASCLS national meeting was held in conjunction with the AACC, as it has been for the last many years. Between the two they offered over 60 sessions of continuing ed. There was something for everyone.



The exhibit hall housed hundreds of companies all showing off their latest and greatest. Not just USA companies but from all over the world. Instruments and products for everyone in the scientific community. And right in the middle was our ASCLS booth. Each region supplied workers each day to man the booth. We answered questions and visited with old, new and prospective members.

I stepped out of my comfort zone this year and volunteered to help judge the poster contest. Wow, was that impressive. I had the privilege of meeting and judging Kayla Schmidt who, along with Dr. Tim Randolph, Ph.D., MT (ASCP) out of Saint Louis University, did a study on the Development of a Microscopic Method to diagnose Hemoglobin C Conditions in Underdeveloped Countries. All I can say is Impressive. Actually all of the posters and research were inspiring. For a full list of the poster competitors and their projects please [Click Here](#)



Ali Hassan visiting with one of the poster presenters



Pam Kieffer and ASCLS National President Suzanne Campbell

I met up with a ASCLS friend from South Dakota. Pam Kieffer received a lifetime achievement award for Chemistry. Way to go Pam. I met her last year and we have remained friends.

L-R  
Korrine Jones, Jenna Amundson,  
Tammy Windish



## 2017 Leadership Academy Class Presentation

Jenna Amundson from Minnesota, Korrine Jones from South Dakota, and Tammy Windish from North Dakota were this year's graduating class from the Leadership Academy. We worked great together and came up with our project on our first day we met at the 2016 Region V Fall Conference. We started off telling each other how we found our careers in the Laboratory. Between the three of us we found out that not a single one of us pursued a degree in the Laboratory. The Laboratory literally found us. After finding that out we decided that our project would be educating elementary, secondary, high school, and college students on what we do in our profession. Making people aware of what we do and the importance of the Laboratory, how to get more people interested in going into a profession in the Laboratory, and how they can find places that offer an education in the Laboratory profession. We thought with the shortage of laboratory workers in all areas that by bringing attention to our profession that this would help them find the Laboratory instead of the Laboratory finding them.

We created a toolkit that has templates and ideas that we used and demonstrated to students in the three categories. We all discovered that not very many people know about our profession. When I went into the 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade classrooms and demonstrated to them about how we use a manual differential to see what is going on in a patient's blood. I should the how to make the slide, look at it under a microscope, and showed them the different RBC cells and WBC cells. I had them try to pick if the WBC cells were Neutrophils, Lymphocytes, Monocytes, Eosinophils, or Basophils. After doing that we discussed what each of the WBC cells do in your body. Just by me going into their health and science classes in different area schools the students showed a great interest in my profession and felt they could ask questions. Not only did the students know how to get a hold of me if they had more questions but I learned how important it is to tell people what you do for work than to just say I work in the Lab. You can find our toolkit on the Region V website.





## The 2017-2018 ASCLS Region V Leadership Academy Class

This year the ASCLS Region V Leadership Academy class has 4 students. Raedean is from Brainerd, MN, Crystal Paul from Saint Paul, Minnesota, and two students from our ND-ASCLS, Kristie Schwarzkopf and Muhammad Riji. Check out their bio's.

Let's all send positive thought, make ourselves available to them if they have questions and wish them the best as they start the Leadership Academy and project that will be presented at the ASCLS Region V Fall Conference in Minneapolis next fall.

For more information about Leadership Academy [Click Here](#)

# LEADERSHIP BIO'S



Hi all- My name is Muhammad Riji and I live in Fargo, ND. I attended my internship at Sanford Medical Center in Fargo and graduated from NDSU (Go Bison!) in 2016. I was fortunate enough to get employed by Sanford and have been working over a year now. I am married and have three beautiful girls. (Our 3 month old decided it was nap time.)

I applied for leadership academy because I have the desire and ability to be a leader in my profession. The only way to do that is if I start here right now with leadership academy. I think it's a good opportunity to learn from fellow Medical Laboratory Scientists. I am looking forward to learning as much as possible and hope to be a leader in the MLS field. One quality that I think I have is the ability to listen to people and be able to give advice. I think with those qualities and some training I will be able to step up in our profession and be a leader someday.

Continued on page 16

# BLAST FROM THE PAST

# BLAST FROM THE PAST

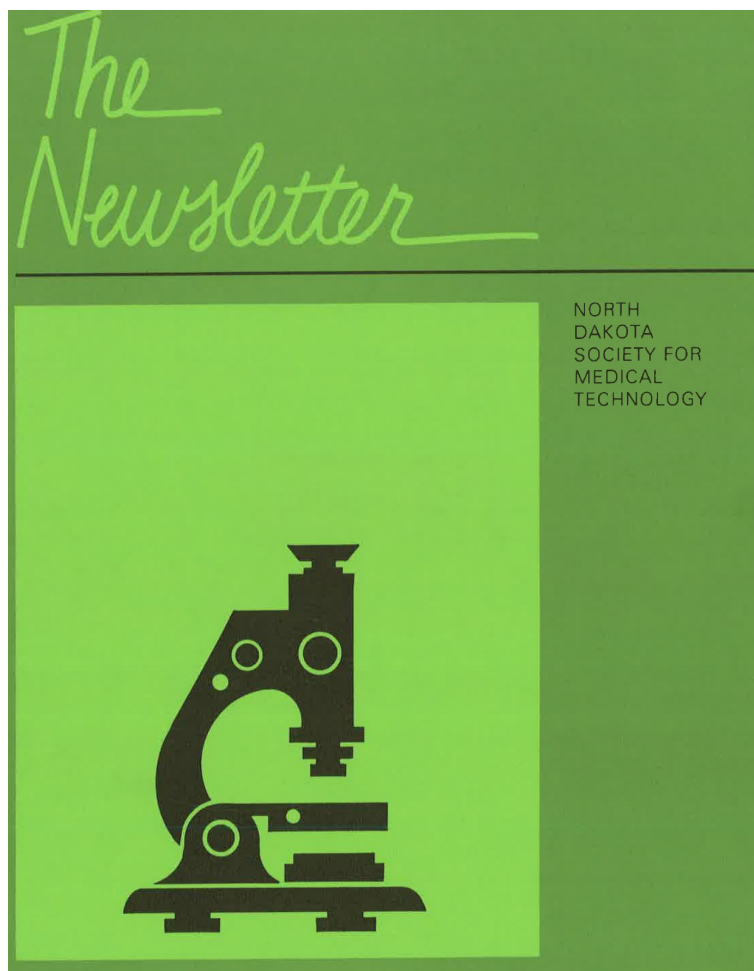
PLEASE NOTE: WHEN THESE NEWSLETTERS WERE WRITTEN ASCLS-ND WAS CALLED NDSMT (North Dakota Society for Medical Technology)

Articles for this edition of Blast from the Past is taken from:

The Newsletter Volume 40 Spring 87 Number 1

To see full newsletter [Click Here](#)

Please note: this volume was missing pages when I received it.



## COMMITTEE REPORTS

## GOVERNMENT LIAISON

Jane Robb

The following are recently introduced bills at the North Dakota State Legislature which might be of interest to NDSMT members:

1. House Bill No. 1085 introduced by Representatives Strinden, Tokach would limit the amount of damages for noneconomic loses in medical malpractice cases.

In any action for injury against a health care provider based on professional negligence, the injured plaintiff is entitled to recover noneconomic losses to compensate for pain, suffering, inconvenience, physical impairment, disfigurement, and other non pecuniary damage not to exceed two hundred fifty thousand dollars. A health care provider is defined as any physician, hospital, or other person licensed or otherwise authorized to furnish health care services in this state.

Action as of 3-12-87  
Passed House.

2. House Bill No. 1136 introduced by Committee on Transportation (at the request of the Highway Department).

If any licensed physician, nurse, technician, or an employee of a clinic or hospital draws blood from any person pursuant to a request of any arresting officer, neither the person drawing the blood nor the clinic or hospital at which the blood was drawn shall be liable in any civil action for damages arising out of said act except for gross negligence.

Action as of 3-12-87  
Failed in Senate.

3. House Bill No. 1550 introduced by Representative Dalrymple and Senator J. Meyer.

Each licensed hospital would be required to display a posting of its charges and fees in the main waiting area of the main building. The posting must at least include the average cost, during the previous calendar year. The hospital's three most commonly performed laboratory tests in each of the following groups: blood test, x-ray, urinalysis, and bacterial culture. This also applies to each group of more than one physician practicing together and applies only to tests performed on the premise where the group practices.

Action as of 3-12-87  
Failed in House.

4. House Bill No. 1665 introduced by Representatives Stofferahn, Dalrymple, and Senator Wright.

Creates a health care data committee as a standing committee of the state health council to provide information to the public necessary for the enhancement of price competition in the health care market. Under the auspices of the committee, the Health Department in conjunction with the board of medical examiners will publish an annual directory of physicians licensed to practice medicine in the state including whether or not the physician accepts medicare assignments and, if voluntarily supplied by the physician, a schedule of fees charged for services.

Action as of 3-12-87  
Passed House.

5. Senate Bill No. 2535  
introduced by Senators  
Ingstad, Stenehjem and  
Representatives Shaft, Gates.

Establishes a health  
care data committee as in  
House Bill No. 1665 to provide  
to the public information  
necessary for the enhancement  
of price competition in the  
health care market. The Health  
Department shall maintain a  
directory of health related  
data bases and their contents  
and shall advise state  
agencies regarding collection,  
c o o r d i n a t i o n , a n d  
dissemination of health  
related data. The department  
shall publish a directory of  
physicians as in House Bill  
1665.

Action as of 3-12-87  
Passed Senate.

#### REPORT ON ASMT REGION V PERMANENT COMMITTEE

Bonnie Reilly  
ND Representative

The committee met in  
Minneapolis, MN in February.

Invitations had been sent  
to other professional  
organizations to participate  
in a discussion regarding the  
advantages of a future joint  
convention of related  
professional groups.

The following organizat-  
ions sent representatives to  
this meeting:

- CLMA (Clinical  
Laboratory Management  
Association)
- AMT (American Medical  
Technologists)
- ACT (American  
Cytogenetic Technologists)
- MIMA (Minnesota  
Microbiologist Association)

- Minnesota Society of  
Histo Technologists

In addition the AACC  
(American Association of  
Clinical Chemists) and the  
American Association of Blood  
Bank local representatives  
were interested in the  
project but unable to send  
representatives.

The group named  
themselves "The Midwest  
Laboratory Professionals  
Planning Group", and set for  
themselves objectives to:

- Recruit other  
organizations to participate.
- Hold planning meetings.
- Obtain participation  
agreements.

- Consider reports of the  
planning meeting by boards of  
sponsoring organizations.

Discussion also resulted  
in the suggestion that spring  
(mid April to mid May) would  
be the best time for a joint  
meeting, and that every other  
year would be the frequency.

The next meeting is  
scheduled for Friday, June  
26.

#### STATE NDSMT MEETING

Bonnie Reilly, LASA Chair

Our annual get together  
has been scheduled at the  
Wednesday noon luncheon where  
we can visit at a table  
assigned to us. An  
increasingly busy meeting  
schedule didn't allow time  
for a breakfast session.

Suggestions for  
discussion topics are:

- The effect of  
licensure.
- The job market.
- Information sharing on  
equipment-What is good.
- Sharing of your  
solutions to problems.

**North Dakota Society for Medical Technology**  
Affiliate of  
**American Society of Medical Technology**

DEAR LABORATORY SCIENTIST,

How important is your job? If you are like most of us, our job is our profession. It involves about 1/3 of our time - that is a large portion of our lives. It is important to maintain our profession and to have a voice in the legislation that affects our profession.

You can have a voice in your chosen profession through the American Society For Medical Technology (ASMT). The national office is located in Washington D.C. This office is the nation's most successful advocate of the non-physician clinical laboratory professional. ASMT is working to assure legislation that is in your best interest. If licensure becomes an issue in our North Dakota legislature, North Dakota Society for Medical Technology (NDSMT) is prepared to represent our interests on the state level.

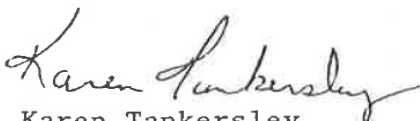
ASMT membership also offers:

- 1) Focus on learning; a self instructional continuing education program.
- 2) P.A.C.E. program which verifies ASMT members participation in Continuing Education.
- 3) Several other publications.
- 4) Group rates on:
  - catastrophic major medical insurance
  - life insurance
  - improved professional liability coverage
- 5) ASMT is working in Washington DC to represent our interests in government.
- 6) If licensure will be an issue in our state government, NDSMT will represent our interests on the state level.

ASMT represents our profession in the political and public arenas. It is important that they represent accurate and major viewpoints of our profession. In order to do this, they need all members of our profession as members of ASMT. It is the responsibility of each member of our profession to join our professional society, ASMT.

Be a professional, join your professional society.

These are some of the reasons for joining ASMT and NDSMT. Won't you consider joining us in our professional organization. Please review the enclosed membership application. Thank you for your consideration.



Karen Tankersley,  
Membership Chairperson 1986-87  
NDSMT



American Society for Medical Technology  
3 Metro Center  
Suite 750  
Bethesda, MD 20814  
(301) 961-1931

### NATIONAL NEWS FROM PRESIDENT JIM HOLLEY

There are several items of information that I would like to share with you at this time.

- One of the most positive happenings of the past year occurred on December 22, in Houston, Texas and that was the ASMT Building at 330 Meadowfern Drive was sold. This action has a tremendous impact on ASMT in that it relieved us of a fixed cost per year of \$161,000 which translates to \$644,000 over the four year lease agreement. This has been one of the most important "fixed costs" that ASMT has had to endure. This is another step in the financial stability of the Society.

- The Internal Revenue Service liabilities were reduced from some \$95,000 to only \$21,000.

- ASMT has now established the appropriate accounts for the conduct of Society business with the First American Bank in the Washington, DC area. The banking firm has also extended to ASMT a line of credit in the amount of \$50,000 in the event we need to use it.

- AZTECH, Inc., the Computer Services Bureau with whom ASMT contracted to handle membership lists as of last fall, is in the process of developing programs for handling P.A.C.E. and FOCUS. The FOCUS activities for ASMT

members and non-members will be handled by ASMT while AMT will handle the ones for their members. More information will be made available to you as soon as the programs are up on the computer. We will no longer deal with ESP for these services.

- ASMT has contacted the services of Thomas M. Driscoll, Inc. to serve as its Meetings Management firm to be in charge of the Annual Meeting and Exhibits. They will be responsible for the development, marketing and management of the annual meeting and exhibits. They are a top notch firm and we expect the Las Vegas meeting in June to be one of the finest ever. Watch for your Preliminary Program in the mail and look for more information about the meeting in ASMT TODAY.

- ASMT TODAY will have a different format in 1987. It will be an 8 1/2 x 11 in., 8 page bimonthly publication. This has been made possible through a substantial donation from Curtin Matheson Scientific, Inc.

- The '86 FUTURES CONFERENCE PROCEEDINGS booklet is now available. order the 53 page monograph, "Shaping the Futures of Clinical Laboratory Practice" from the ASMT Executive Office, 3 Metro Center, Suite 750, Bethesda, MD 20814. Enclose your check for \$10 (for members) or \$15 (for non members).

- The ASMT National Directories are now available for sale in a limited number. They are available to ASMT members only at \$20 (includes postage and handling). You

must include your member number with your order. There is an order form in the November/December issue of ASMT TODAY.

- JOURNAL OF MEDICAL TECHNOLOGY editor, Diana Mass has resigned. The new editor, Louis Caruana, Ph.D., CLS is an associate professor of Allied Health Education at Southwest Texas State

University. The Journal will be a bimonthly publication during 1987.

- ALPHA LISTS were finally mailed last month. If there are errors in the lists, corrections should be sent to Janet Halpert in the Executive Office. Beginning with

February, the Alpha Lists will be mailed each month to the State Presidents.

- A new accounting program is being installed in the Executive Office. We should be able to have better information on finances of the Society when this is in full effect. In order to provide better control of costs and budget and more realistic plans for activities and programs which are of most importance to our membership, the Office has established an account for the Annual Meeting and exhibits which is separate from the general operating account of the society.

Surgeon  
General's  
Report  
on  
ACQUIRED  
IMMUNE  
DEFICIENCY  
SYNDROME



Active involvement in AIDS public and clinical laboratory education and awareness is a special opportunity for ASMT to serve a vital health-care need and enhance the public's awareness of the laboratory professional's dedication and fundamental role in health

services delivery.

As you know, ASMT has jointed with other prominent national health care professional organizations in this very, important initiative. In the coming months, you will hear more about the Society's efforts to educate the public and

ensure that our members have up-to-date technical and scientific information about the clinical aspects of this disease.

Please consider asking your employers to be aware of the report and to consider providing additional copies to their client physicians and patients as a public service.

Every week, our nation's scientists are discovering new information about AIDS. Not only as researchers, but also, and significantly as clinical laboratory analysts of AIDS' myriad opportunistic

infections, your profession is on the front line of diagnosis and treatment. The public deserves to know of the rigorous education that enables you to work safely with AIDS, and of your dedicated service--as phlebotomists, generalists, specialists, educators and managers--in the many roles that directly and indirectly forward medical, epidemiological and sociological knowledge of your disease.

Thank you for your assistance and concern.



Hi, I'm Raedean - I am a wife and a mother of three wonderful children residing in Brainerd, MN for the last twelve (12) years.

I attended Bemidji State University (BSU) for Medical Technology, and completed by clinical rotation at Region's Hospital in St. Paul, MN. About a year ago, I completed my MBA through Capella University.

Upon graduation from BSU, I began my professional career as a generalist at Children's Hospital in St. Paul, MN. From this position, I was fortunate enough to further my experiences as a technical consultant, laboratory management, and reference lab sales. For the past five (5) years, I have worked for Beckman Coulter, a diagnostic company.

I have appreciated our laboratory community over the past twenty years, and have often tapped into this resource as a form of networking and mentorship. I would not be where I am today in my professional career without the opportunities I have learned through ASCLS. Moving through this Leadership Academy will provide me more growth and understanding while developing my skills to step into future leadership positions within ASCLS.





Hello, my name is **Kristie Schwarzkopf**. I currently reside in Bismarck, North Dakota with my husband, Todd, three children, Conrad, Maggie, and Camden, and dog, Zoe. I am originally from Surrey, a small town east of Minot, ND. I feel way too young to have spent the last 27 years in the Clinical Laboratory Science field. My career started as a clinical lab trainee for the US Civil Service which allowed me the opportunity to train as a Clinical Laboratory Scientist while attending college at Minot State University. Upon graduation, I took a job at Trinity Health in Minot, North Dakota. I worked for a clinical site in Minot working my way up to managing the daily operations of the lab. After the lab was closed and consolidated with the hospital, we decided to move to Bismarck, North Dakota for a career advancement. After spending one year at Mid Dakota Clinic/Norther Plains Laboratory, I was fortunate enough to accept a position with the Department of Health, Laboratory Services, as a Microbiologist I. Over the course of 14 years, at the department, I have worked my way up to my current position which is the Virology/Immunology Lead Analyst.

I chose to become part of the ASCLS and more importantly join the leadership academy so I can expand my leadership abilities and be the supervisor I would want to work for. In order to have a great output, it is vital we have a good input. By being the best leader I can and leading by example, I believe we make an extraordinary team, serving the people of



Hey everyone! My name is **Crystal Paul** and I am from Saint Paul, MN. I graduated from St Cloud State University with my degree in MLS and I received my certificate in MLS from the University of North Dakota. I had my internship at the Minneapolis VA and was hired on afterwards. I worked in the Core Lab on the offshift for about a year and a half before I moved to Special Diagnostics - Forensic Toxicology, where I've been for the past year. In my free time, I enjoy snowboarding, wine tasting and traveling.

I chose to apply for the leadership academy to hone in on my leadership skills and improve myself. I really look forward to the opportunity to connect with other professionals seeking to do the same. I am also excited to bring some of the elements I've learned in my last 10+ years in the hospitality industry, to the MLS field. I can't wait to meet you all.

## MLS QUIZ

How well do you know your stuff???

For the complete quiz [Click Here](#)

(answers to these questions start on page 20)

Please select the single best answer

1. Ideally, what testing should be done prior to starting a new lot of control material in order to establish its mean and standard deviation?
  - A) Should be tested consecutively by 20 different technologists
  - B) Should be tested for 20 days
  - C) Should be tested 10 consecutive times on each of three work shifts
  
2. Why might serum ferritin (SF) alone be considered a less than optimal screening test for hereditary hemochromatosis (HH)?
  - A) SF is an acute phase reactant that is frequently elevated in a variety of clinical conditions.
  - B) It does not assess an individual's iron status.
  - C) It is an expensive test to perform.
  - D) It is only performed in laboratories doing molecular assays
  
3. The 30X50 um ovum illustrated in the image are most commonly observed by microscopic examination of transparent adhesive tape mounts of perianal skin of children who have complained of nocturnal anal pruritus. From the list of answers choiced below, select the most likely presumptive identification.



- A) *Isospora belli*
- B) *Necator americanus*
- C) *Enterobius vermicularis*
- D) *Trichuris trichiura*

4. What is the role of albuminuria testing?

- A) Monitor diabetic patient carbohydrate management.
- B) Detect serum albumin levels in early renal disease.
- C) Detect small urinary concentrations of albumin before there is irreparable renal damage.
- D) diagnose renal failure in a type I diabetic patient

5. Which of the following is the immediate precursor of the mature neutrophil?

- A) myelocyte
- B) metamyelocyte
- C) promyelocyte
- D) band
- E) myeloblast

6. Which of the following is the correct definition of isoelectric point (pI)?

- A) Buffer formation of a positively charged ionic cloud that can affect the migration of the negative ionic cloud of the sample.
- B) The ability of a molecule to have both negatively and positively charged groups.
- C) The pH where a molecule has a net charge of zero
- D) The movement of charged particles in an electrical field

## Quiz answers

### How well did you do?

1. Answer is B. Ideally, 20 days worth of testing should be performed prior to starting a new lot of control material in order to establish its mean and standard deviation. It is best to include data from different shifts and different operators, but the testing should not be performed all at one time.
2. Answer is A. SF is an acute phase reactant that is frequently elevated in a variety of clinical conditions, therefore it lacks the specificity needed for a good screening test.
3. Answer is C. **Enterobius ova** are oval in outline with flattening along one margin, simulating a deflated football. The shell is smooth and slightly thickened. A well-developed larva is commonly observed internally, which retracts away from the inner shell membrane, leaving an open space.

**Necator ova**, although also oval in outline are not flattened on one side and the outer shell is thin and transparent. Although the inner yolk sac retracts, leaving a clear space beneath the shell, further development into an embryo is not observed.

**Isospora oocysts** are also oval in outline and have a smooth, thin outer shell. Internally, a single spherical sporocyst may be observed, but more typically mature oocysts are noted which contain two sporocysts. One is advised to search further in a smear preparation for detection of oocysts with double sporocysts to ensure an accurate identification

**Trichuris ova** are easy to recognize with their barrel shape and distinctive protruding, convex, hyaline polar plug at each end. The shell is smooth but relatively thick and the internal developing embryo reaches the inner lining of the shell without leaving an open space.

4. The answer is C. Diabetic patients develop over time diabetic kidney disease which may be delayed by aggressive glycemic control. An early indicator to diabetic kidney disease is the detection of albumin in urine. It is recommend-

ed that diabetic patients be tested for albuminuria at least yearly so diabetic kidney disease can be diagnosed at a stage where it is still reversible with treatment. The term “microalbumin” is no longer used since “albuminuria occurs on a continuum”.

5. The answer is D. The progression of the maturation of the neutrophil is: Blast-Promyelocyte-Myelocyte-Metamyelocyte-Band neutrophil-Segmented Neutrophil. So the immediate precursor of a mature segmented neutrophil is the band form.
6. The answer is C. A molecule that has both negatively charged groups and positively charged groups is described as amphoteric. These charges can be changed by changing the pH of the solution. The pH where there is an equal number of positive and negative charges is the isoelectric point, that is the molecule has a net charge of zero.

Your Score: \_\_\_\_\_



0 wrong = 100%

1 wrong = 83%

2 wrong = 66%

3 wrong = 49%

4 wrong = 32%

5 wrong = 15 %

6 wrong = 0%

**Continued from page 5**

**Solution**

Through the chairs of the Senate Finance, House Ways and Means and House Energy and Commerce, Congress must communicate to the Administration that these misguided cuts must not be implemented. Delay is critical until CMS can work with stakeholders to demonstrate the agency can properly collect and validate data that accurately reflects the market.



