



Ebola Virus Disease (EVD)

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The Ebola Virus, formerly called “Ebola Hemorrhagic Fever” is an endemic virus found in various African countries.¹ The first cases were isolated in 1976 near the Ebola River in the area now known as the Democratic Republic of the Congo.¹ Five species have been recognized to date, four of which are known to cause disease in humans.¹ The recent outbreak in Sierra Leone, Liberia, and Guinea is responsible for mass casualties and is considered the largest epidemic in African history.^{2,3} The Centers for Disease Control and Prevention (CDC) reported the first laboratory confirmed case in the U.S. on September 30, 2014 in a man who traveled from Liberia to Dallas, Texas who subsequently passed away on October 8, 2014.⁴ Unfortunately, two healthcare workers who had direct contact with him tested positive for the virus in mid-October. One was transported and treated at the National Institutes for Health (NIH) Clinical Center in Bethesda, Maryland and the other was treated at Emory Hospital in Atlanta, Georgia. Both recovered and were released October 24th and 28th, respectively.⁴ To date, the CDC in conjunction with the World Health Organization (WHO) reported four cases in the U.S. with one fatality while 15,319 total cases were reported in Africa (Guinea, 2047; Liberia, 7082; and Sierra Leone, 6190) resulting in 5,444 deaths (Guinea, 1214; Liberia, 2963, and Sierra Leone, 1267).^{5,6} Refer to the CDC Morbidity and Mortality Weekly Report (MMWR) for more information at the following link: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm63e1118a1.htm>.⁷

Clinical Onset and Symptoms

The time from EVD infection to the onset of clinical symptoms ranges from 2-21 days.^{8, 9,10} Patients infected with EVD initially present with non-specific, “flu-like” symptoms such as fever, chills, malaise, headaches, sore throat and muscle pain.^{9,10,11} These are

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Join Us for the 83rd Annual Meeting in Atlanta, GA!

Lacey A. Campbell, MHS, MLS(ASCP)^{CM}
Annual Meeting Steering Committee-Host Liaison

The holidays are over, the snow is melting, and we are all getting a little spring fever! Those of us in Georgia are getting SUMMER FEVER! This year, we are so proud to host the 83rd Annual Meeting and Clinical Lab Expo in the heart of the south, Atlanta, GA from July 29th through August 1st. The meeting will take place at the famous CNN Center/Omni Hotel, the focal point of Olympic Park. Only four months away, now is the time to start making plans to attend the most exciting meeting of the year!

The Annual Meeting Steering Committee has been working hard over the last eight months to prepare an outstanding program of speakers from all scientific realms related to the clinical laboratory. The program will highlight the current healthcare scares that surround our daily work lives including Ebola and Influenza. Other highlights will be sessions like “Transfusion Practice in Sickle Cell Anemia,” and “Implementing Patient Safety in Your Lab.” New this year, there will also be sessions presenting the “Hot Topics” of each section of the clinical lab.

In addition, we are proud to host the second annual Advanced Management Institute (AMI) on July 27th and 28th. The Annual Meeting Steering Committee has been working diligently to provide an exciting

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President's Message

Susanne Norris Zanto, MPH, MLS(ASCP)^{CM}SM
ASCLS President 2014-2015

Bring a Smile to Your Face

Spring is in the air! When my thoughts turn to spring, in addition to the first buds on the trees and baseball spring training, I look forward to the ASCLS state spring in-person educational conferences.

My previous articles have dealt with enhancing elements on our ASCLS strategy canvas, but it is important to note that we must also maintain key elements that already make ASCLS strong. My article this month focuses on continued education and the networking that occurs during our in-person meetings.

In Region VIII, of which I have the most knowledge, attendance at in-person conferences is declining, and I have heard that this is true in other parts of the country. This trend is not limited to the clinical laboratory profession; when I was researching for this article, I found that many other organizations are struggling with professional conference attendance – from the nursing organizations to an association of female entrepreneurs.

When I have asked folks why they aren't attending their state and regional conferences, or the national ASCLS meeting, my informal poll has provided the following responses:

1. I don't need to attend to get my continuing education; I just don't see the benefit.
2. I can't get away from work; there just isn't enough coverage at my workplace
3. It costs too much.

While lack of workplace coverage is a reality that may not be easily surmounted, I think CLS professionals have the ingenuity to find ways to address these challenges. It is true that the availability of inexpensive CE is more widespread than ever before, but that isn't the only reason to attend an in-person meeting. And we have to realize that with the current state of healthcare, employer funding for meeting attendance

has been cut, if not eliminated, and we must start budgeting to finance these opportunities ourselves, and take responsibility for our own professional growth.

Attendance at an in-person meeting is beneficial, not just to your workplace, but to you personally. Here are my top ten reasons to attend an ASCLS professional conference:

- You get to meet and interact with experts in the field, face to face, and develop a relationship. This is not something that can be done with on-line CE opportunities.
- Being around like-minded people is inspirational and refreshing, and you can meet new people and expand your network, by forging partnerships with colleagues to address key common issues/concerns.
- One-stop "shopping": Get up-to-date with the latest technologies and practices in several disciplines all at once.
- Interact with multiple vendors in one venue, ask questions, compare products, and get advice from fellow CLS in attendance
- Advance your career. Employers like to see that you are committed to your job and attending conferences is one way you can show your employer that you are lifelong learner
- Find answers to difficult or challenging questions that you have been struggling with in your workplace
- Rest and relax. Get away from the "common-grind" of your daily routine at work, home and in your community. Enjoy some "me time", slow down, stop... and relax.
- Your mind may be opened to new opportunities, new theories, new ideas
- Advance the profession - to remain a respected profession, clinical laboratory scientists will need to demonstrate their commitment to the

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RECAP: July 2014 Leadership Academy Membership Retention Project: Why Don't They Renew?

Ninive Costa, MLS(ASCP)^{CM}; LA Graduate 2014,
Chair of the Forum for Concerns of Minorities, Chair of
ASCLS-MI Public Relations

In mentorship programs such as the ASCLS Leadership Academy (LA), new professionals work on finding solutions to some of the current issues that are affecting ASCLS today. The 2013-2014 LA group, chose to work on membership retention, a project deemed the most feasible to complete within a year representing a current issue that many non-profit organizations face.

It was a challenge to research how to address membership retention. We sent surveys to ASCLS lapsed members from 2011, 2012 and 2013 that focused on why members were NOT renewing. The survey was designed with skip logic. For example the question: "ASCLS offers... If you had been more aware...would you have reconsidered membership...If not, what other types..." If yes the survey led to next question. If no, it took the participant to the last question. Most questions provided information on membership benefits such as: "CE organizer, Publications, Fighting for your rightful and respected place on the healthcare team, etc."

To encourage participation, respondents could enter a drawing for a free membership after completing the survey. Of the participants who gave us their emails, 18 of 103 renewed; a 17% renewal rate according to Andrea Hickey of the ASCLS staff. Even though several survey participants realized the benefits of joining just by participating in the survey, the purpose

of the survey was to determine how best to address the needs of members who have lapsed and what we could do to motivate them to renew. There were three basic reasons frequently brought up by participants: cost, renewal awareness and misinformation regarding membership, and technical and verbal communication glitches.

We noted that lowering the cost of membership would not necessarily motivate individuals to renew although ASCLS is currently offering several programs to reduce cost and add benefits to membership. A number of participants in the survey mentioned that since they are already ASCP members they did not see a reason to become ASCLS members or that ASCP is a requirement to maintain certification. This confusion and misinformation is continuously addressed by ASCLS.

The table below compares the cost of membership to the benefits received for that membership. Survey participants felt that information on full membership benefits was not readily available. If members see how their professional organization is providing grassroots and leadership involvement then they will see the advantage behind it. The ability to provide the full spectrum of benefits will create the likelihood that each member will find one aspect truly interesting.

	ASCLS	ASCP
Membership - PROFESSIONAL	\$99 (plus state) - with journal \$78 (plus state) - no journal 6 Free CEs	\$99 (no state) CE opportunities 6 Free CE's
Membership - NEW PROFESSIONAL	\$45 (within last 12 months of graduation)	\$49 (within last three years of certification)
Continuing Education CE	CMM/CMMP (12 CE for \$55)/Unlimited (\$95)	\$30 unlimited online

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Make It Great and Grow With Students!

Cecelia W. Landin, MLS(ASCP)^{CM}
President, ASCLS-WI

How can we grow our membership and nurture a growing interest in our profession? Can we engage our students and enhance their interest in our profession? How do we do that you ask? Enough questions - there are several ways your local society can enhance the involvement of students in state-wide and national activities. Here are several ways ASCLS-WI gets students involved:

1. Student Participation in the Legislative Symposium: Every year, the ASCLS-WI Government Affairs Chair actively recruits ASCLS members and students to attend the Legislative Symposium in Washington, DC. This year, Wisconsin will help support three professional ASCLS members and 3 student members to attend on behalf of our membership. Several students, who have participated in the past, have "cemented" their relationship with ASCLS and ASCLS-WI through their involvement in Washington, DC while building relationships with professional members.

2. Student Bowl:

In April, the annual ASCLS-WI state convention holds many events dedicated to students. The first event, which is held the evening before the convention begins, is the annual Student Bowl. In 2014, there were 20 MLS and 8 MLT teams involved with a winner from each level. This 3 hour Jeopardy-style competition generates lots of cheering - and tension!

3. Student Poster Competition:

During the annual ASCLS-WI convention, students also submit posters, which are reviewed by judges and also made available for viewing by those attending the convention. Many of the posters submitted are student capstone projects and are done individually, in pairs, or in small groups (at the discretion of their MLS/MLT programs). There are four categories judged for MLS posters: literature review, case study, research (by the student), and faculty supported research. The MLT categories include: literature review and case study. In 2014, there were 99 posters submitted representing 112 students from programs around the state. MLT/MLS programs contribute volunteers to judge the posters and ask questions of the students about their

projects. Specific rubrics are used to standardize the judging for each category. P.A.C.E.® credit is awarded to the judges and first, second, and third place ribbons are awarded to students in each category within the MLS and MLT levels. Winners are recognized at the luncheon the following day at the meeting, as well as in the state newsletter.

4. First Year Professionals:

ASCLS-WI supports First Year Professional (FYP) membership for all students so new FYP membership is no cost to the student. Students generally sign up during the state convention for FYP membership to begin August 1st of that year. Students will also be supported if they sign up for FYP after the convention.

5. Student Luncheon and Student Forum Chair Elections

A key student event during the ASCLS-WI convention is the student luncheon, which provides students an opportunity to network with other students and allows them to elect a new Wisconsin Student Forum Chair. In 2014, a total of 132 students ate lunch together, met new friends, and elected the next state Student Forum Chair. In Wisconsin, the Student Forum Chair sits on the state Board for one year, then becomes the FYP Board member the following year to complete a 2-year term.

6. Social Media

The Wisconsin Student Forum Chair has access to an ASCLS-WI Student Forum Facebook page, which allows students from across the state to post comments on Facebook. The page also provides the Student Forum Chair a means to communicate with all participants and encourage student involvement in ASCLS. ASCLS-WI actively encourages and supports student involvement in our valuable and important profession, and is always looking for new and creative ways to continue the growth of our membership, as well as keep each of our members engaged with their profession and professional organization. While ASCLS is facing lapses in memberships due to several possible reasons, you can employ various methods, like some ideas mentioned here implemented in Wisconsin, to help encourage continued growth of state membership by enhancing student involvement.



Helping Our Cause: How We, As Professionals, Have To Be Our Own Advocates

Joni Gilstrap, Region VIII Director

Recently, I had an opportunity to interact with some physicians on a number of issues related to laboratory tests and laboratory professionals. The results of these interactions left me a bit dismayed by the perceptions that some physicians have of our profession.

Reading a “Dear Dr.” column in my local newspaper, a person wrote in to ask why his potassium levels might have been elevated, and why they changed from one blood draw to another. The doctor responded that there are very few reasons why a potassium would vary greatly from one draw to the next (time frame was never discussed here) and the reason for the elevated potassium levels was likely due to the personnel in the lab and the lab testing itself. He wrote that “very often, potassium is reported on a specimen that has been sitting around for a long time or has been shaken, which would result in a high potassium level.”

Aggravated, I promptly emailed this doctor to assure him that it was very unlikely that a potassium level would have been reported on a hemolyzed specimen, much less tested, and that the writer of the letter did not indicate the time frame between draws, or if medication (e.g. excess amounts of cardiac glycosides) might have played a role. His response only served to annoy me further: in his experience of almost 30 years, he has come across numerous examples of “specimen mishandling, reporting potassium levels on hemolyzed specimens” and went to spout about issues related to erroneous glucose reports, and more!

Sharing this information with my colleagues, they were equally as frustrated by his response. It seems that his impression of *medical laboratory science professionals* was that we are inept, at best. This made us wonder how many physicians share this impression.

Another colleague was discussing, with her husband’s physician, some issues related to his therapeutic drug levels. It was unclear why his levels were not maintaining in the therapeutic range. After suggesting the patient was not compliant with his meds, (he most certainly was), the physician’s conclusion was that the laboratory was at fault and that the laboratory reported the results incorrectly. What he didn’t realize at the time was that the drug level was performed in the laboratory

in which my colleague works, and when she told him this, his snarky response was, “Do you know how much faith I have in laboratory tests?” By the way, her husband suggested to her that he change physicians.

Both of these instances are disheartening examples of the lack of respect given to our profession. For every physician like the ones described here, there are certainly many more who respect our profession and us, as professionals. For those that don’t, we need to get out from behind the bench and be our own advocates by serving on the forefront of the healthcare team.

An op-ed piece appeared in my local newspaper recently, written by the president, a physician, of a major healthcare insurance corporation. The article was on the Patient Centered Medical Home or PCMH. This model has been implemented to help manage patients’ health proactively. The model includes a primary care physician practice that takes a team-based approach to providing care. This results in increased communication among a patient’s care providers — physicians, nurses and specialists — all with the goal of helping patients live healthier lives. Recently, he wrote, a pharmacist was integrated into the model. I wrote to this physician, and a portion of my letter is contained here:

“..... I am writing today to suggest that perhaps a *clinical laboratory scientist* also become part of that team. You may know that as of October 6, 2014, as a result of a new HHS rule issued by former Secretary Kathleen Sebelius, patients will be able to get direct access to their laboratory test results. While this is good in theory, as patients “own” their laboratory results, it can also spell disaster for those who either misinterpret or rely on unreliable websites to understand their results. It is time for medical laboratory professionals to become a more visible aspect of direct patient care. We are not just phlebotomists who obtain the sample. As a physician, you know the importance of the lab....both the results delivered by the lab and the professionals who work in the lab to provide accurate and timely results.

I haven’t received a response yet, but I am hopeful...

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Be the Face of Our Profession

Karen Larson
Region V New Professional and New Members Forum Rep

I feel very fortunate to have a job as a *Medical Laboratory Scientist* that involves direct patient contact. I work at a large hospital acute care lab and am lucky to connect with inpatients and outpatients on a daily basis.. Working directly with the people we all serve adds so much value to my career. I'd like to share with you an unforgettable experience I had with a patient. I learned that taking an extra moment to share what you do and who you are as a laboratory professional can make all the difference!

Some of my shifts are spent in our outpatient laboratory checking patients in and drawing blood from them. The wonderful thing about working in a clinic setting is that you really get to know the regular patients. I'm able to greet them by name, ask them how that vacation in November was, and connect with them as individuals.

One day, a regular patient surprised me by saying, "Oh! I have to tell you. You have changed my whole life!" I was completely stunned. Recalling her visits to our lab, I could not think of anything significant I did to inspire this comment. So I asked her, "Really? How did I do that?" She told me, "Because of you, I am now enrolled in an MLT program!" I immediately got goose bumps. I remembered how I told her all about the medical laboratory profession at a previous visit.

Two months before, she casually asked how I liked my job. I told her I love it and elaborated more about what else I do behind the scenes. She was really curious about it so I told her all about the different degree options and what the educational paths are like. She talked about wanting to go back to school, but not

knowing exactly what she wanted to do. I ended up giving her information about the ASCLS website, NACCLS website, etc. and she said she might look into it more.

When this patient shared her new career choice, I wanted to do something extra special for her. While she had her blood drawn by my co-worker, I called my supervisor and got permission to offer a tour of our lab at a later date. A week later, she put on her very first lab coat and I gave her a two-hour tour of our lab. It was thrilling for me to witness her first look at what a laboratory is like and see her imagining her new future.

This patient still keeps in touch with me and has already begun classes. I am excited to watch her progress through her courses and can't wait to congratulate her some day when she passes her certification exam!

By sharing my passion for our profession, I was able to help someone discover a new career path without even realizing it. I often hear other laboratory professionals talk about how we're hidden in the lab and aren't recognized for the role we play on the healthcare team. We need to be our own advocates to change this. I encourage each of you to recognize those little moments, both at work and at home, to share your professional pride with others. When someone asks if you're a nurse while you're checking out at the grocery store wearing your scrubs, take the minute to tell them what you do in the lab. There are countless everyday opportunities where we can share more about our profession and "be the face." Who knows! You may just change someone's life!

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One day, a regular patient surprised me by saying, "Oh! I have to tell you. You have changed my whole life!"

Ebola*From Page 1*

generally followed by more severe symptoms including, diarrhea, vomiting, anorexia, abdominal pain, shortness of breath, weakness, coughing, and hypotension.¹² Hemorrhagic manifestations seen in EVD include petechiae, ecchymoses, excessive bleeding from venipuncture sites, and a maculopapular rash, all of which are present in approximately 30-50% of patients with EVD.¹² Fatal complications include convulsions, shock, coagulopathy deficiencies, and multi-organ failure.^{10,12} In non-fatal cases, patients generally recover within 6-11 days of infection with adequate antibody response to the virus.^{10,11} Initial hematologic findings in EVD include leukopenia with a decreased lymphocyte count, followed by neutrophilia.¹⁰ As the infection worsens, there is an evident decrease in the platelet count and a prolongation of the prothrombin time (PT), partial thromboplastin time (PTT), and elevated levels of fibrin degradation products (FDPs).¹¹ Blood cell features include a left shift and reactive lymphocytes in the peripheral blood.¹²

Ebola virus can enter the host through mucosal surfaces, skin abrasions, needle injections, direct contact with infectious and contaminated materials or parental transmission.^{11,12} Once the virus has entered, it is capable of infecting several cells and tissues throughout the body. Cells susceptible to Ebola viral infections include hepatocytes, adrenal and medullary cells, with monocytes, macrophages, endothelial and dendritic cells being the initial targets.^{11,12} Studies suggest that these particular cells are thought to enable viral entry and replication. They are also able to spread the virus quickly and efficiently to the lymph nodes, liver, spleen, and other tissues throughout the body.¹⁰

The pathogenesis of Ebola virus contributes largely to the clinical signs and symptoms seen in EVD.¹¹ Lymphocyte apoptosis is thought to occur in lymphoid tissues and contributes to the initial lymphopenia and impaired immune responses seen in EVD.¹¹ In addition, it is thought that the coagulopathy seen in EVD occurs due to a combination of cell activation and damage, platelet aggregation and coagulation factor deficiencies.¹² The loss of hepatocytes due to the viral infection is thought to contribute to the inability to produce clotting factors in the plasma leading to hemorrhagic complications.¹¹ One study suggests that cells infected with Ebola virus expose tissue factor on their cell surfaces leading to increased activation of extrinsic coagulation pathways.¹⁰ A sudden decrease of protein C and protein S in the plasma in addition to deficiencies in the fibrinolytic system may also contribute to EVD coagulopathy.¹² Thrombocytopenia and elevated clotting times are a result of disseminated intravascular coagulation (DIC), which contributes to the multi-organ failure seen in fatal cases of EVD.¹¹

Treatment

Although EVD is fatal in untreated patients, survival is possible if the appropriate treatment is administered promptly. Good supportive care such as intravenous fluids, maintaining electrolyte balance and blood pressure along with treating secondary infections greatly increases the likelihood of survival.¹³ In the event DIC does occur, it is important that coagulation factors and heparin be administered in conjunction with supportive care.¹⁴ Although no FDA cleared vaccine or antiviral drug is available, a "recombinant human monoclonal antibody directed against the envelope GP of Ebola has been demonstrated to possess neutralizing activity."¹⁴

Summary

The most recent outbreak of Ebola has had devastating consequences in Sierra Leone, Liberia, and Guinea with over 5,000 deaths reported.^{5,6} Several individuals who contracted the virus and were transported and/or treated in the U.S., fortunately survived this harmful disease. Dr. Kent Brantly, the first doctor transported to the U.S. from Africa received a plasma donation from one of his former Ebola survivor patients prior to leaving Liberia. Once declared virus free, he too donated his plasma with the life-saving antibodies to four others, all of which survived.¹⁵ Immunity against the virus is believed to last 10 years or longer however it is not known whether those individuals who recovered are immune for life or are susceptible to infection with another species upon subsequent exposure.¹³

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management track this year which includes: "Change Management and the Art of Delegation," "Utilization Management and Data," "Career Ladders and Succession Planning," "Case Studies in Lab Productivity," and "Reimbursement Update." You don't want to miss out on these topics that are focused on the current issues facing all laboratory managers, directors and supervisors.

Starting on Tuesday, July 28th, the ASCLS Board of Directors meeting will cover the concerns and discuss issues raised by national, regional, and state leadership. Throughout the day on Tuesday, we will host governance meetings including some of ASCLS committee face-to-face meetings, which are open to all members who are interested in getting involved! In the evening the First Timers' and Student Reception followed by the Student and New Professional and New Member Forum Silent Auction will take place.

We also want to honor our sponsors who help make this meeting possible. Join us at the Industry Awards Ceremony, followed by the Opening Keynote on Wednesday morning, July 29th. Following the Keynote, the Annual Meeting App Training/ASCLS Website Navigation session will occur. The Student Forum Orientation, New Professional and New Member Forum Orientation, and New Professionals Panel follow that. A variety of scientific sessions, opportunities to visit the Clinical Lab Expo, and the Health

Care Forum will round out the day. Join us Wednesday evening for the President's and Welcome Reception with the Education and Research Silent Auction.

Thursday morning opens up with the Issues Update and Open Forum, followed by the New Professionals and New Members Forum Elections and Business Meeting. After another visit to the exhibits, there are four midday scientific sessions and eleven roundtable discussions occurring simultaneously. The next two sections of scientific session highlights include, "Implementing Patient Safety in your Lab," "Public Health Lab System: We all have a role," "Administrative and Medical Management of the Lab," "Case Studies in Myeloma," and "Student Forum and New Professionals/New Members Forum Quiz Bowl." The day concludes with a champagne toast at the ASCLS Awards Ceremony.

The meeting continues on Friday with Region Caucuses and elections. For the student members of ASCLS, the Student Forum Elections are your time to serve as the voice for your constituent society by electing the best Student Forum officers to serve as your liaisons. The Career Fair will be held simultaneously to give those individuals looking for career placement, assistance. The next two hours contain ten incredible presentations including: "Genetics of Lymphoproliferative Neoplasms," "Most Frequent Deficiencies in AABB Inspections," "4th Generation HIV Assays and the New CDD Testing Algorithm," and "Case Study Approach: Probing the Usefulness of Retic Parameters and Diagnosis of Anemia." The eleven Scientific Assembly sections will meet for lunch. The next two hours will contain the last ten scientific

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sessions to include: "Role of the CLS to Improve Utilization of Lab Tests," "Post CMV transmission: Blood Transfusion Versus Maternal Breast Milk," "Represent and Power Include Grass Roots Organizing for ASCLS," and "Fungal Meningitis Outbreak." The day concludes with the closing Keynote. Then, Saturday morning, don't miss out on the House of Delegates!

The Clinical Laboratory Expo boasts that it is the largest exhibit of laboratory equipment and services in the world. In my opinion, the Expo is the most incredible part of the Annual Meeting! You can network with colleagues, learn about the newest instruments and technologies, and possibly make connections for your future career path. The Clinical Laboratory Expo is filled with products that would improve the quality of laboratory services.

Get ready to make plans for the last week of July to visit the beautiful South at the 2015 ASCLS Annual Meeting and Clinical Laboratory Expo in Atlanta, GA at the CNN Center/Omni Hotel. It's the best opportunity of the year to hear outstanding scientific sessions, participate in governance, and take advantage of the largest laboratory exposition in the world. We look forward to welcoming you to Atlanta with a little southern hospitality!



President's Message From Page 2

profession through career advancement and additional training. Attending an in-person conference is one way for you to demonstrate your commitment to the profession.

- Support ASCLS, who sponsors

the conference. Income from in-person conferences is one of the ways that ASCLS supports the activities that occur on the state, regional and national level. Your attendance and support make ASCLS stronger.

Although it was many, many years ago, I still remember my very first professional conference. I had the opportunity to attend the Intermountain States Seminar in Jackson, Wyoming when I was in my internship. One of the "younger med techs" drove us down in her new Monte Carlo, and we stayed at the Virginian hotel, which was the conference hotel. I still remember that experience – not so much because of the quality educational opportunities, but because of the opportunities to interact with other scientists and the vendors – and to get away for just a few days from the challenging routine of my internship. It was one of the highlights of my internship year. Although I have attending many IMSS conferences since 1975, to this day, thinking about that first conference still brings a smile to my face!

As I write this message, I am looking forward to attending my first Clinical Laboratory Educator's Conference (CLEC). This very successful conference is the premier meeting for educators in our field, and will provide me an opportunity to learn new skills and better understand the issues that educators face on a daily basis. But I am also looking forward to connecting with old and new friends, and relaxing, away from my day-to-day responsibilities. I'm sure I will leave Cincinnati, as I do every ASCLS conference I attend, feeling recharged, motivated, and inspired. I encourage you to step out of your comfort zone, and make plans

to attend an ASCLS conference this year. Take advantage of all the vendor and social activities in addition to the continuing education, reach out to your fellow attendees, and immerse yourself in the experience. A conference can be the highlight of your work year if you make the most of it.



Retention Project From Page 3

Participants felt that being aware of and clearly communicated about yearly renewal was important. Some participants claimed that they had renewed, but were on the lapsed rosters (possibly because of the timing of their payment). Another issue is when students transition to First Year Professional. It is hard to track graduation times because they vary and students frequently do not always supply that information. Members are asked to contact ASCLS staff to communicate any changes in contact information but frequently that doesn't happen. Receiving wrong emails regarding membership does make it less motivating to renew.

Sixty five percent of participants responded they would like email renewal reminders. The more consistently our members receive the reminders, the more likely they are to renew. The Membership Renewal Powtoon Clip was created as a template that can be used to visually remind members it is time to renew. It is found in the LA Project link at <http://www.ascls.org/ascls-leadership/ascls-academy/220-2013-2014-leadership-project>. Our communications need to have consistent information in creating the interview videos for our LA presentation, we are providing another way to provide the information that demonstrates the benefits of renewing.

Continued on Page 11

Retention Project From Page 10

There continues to be a drop in the number of students renewing as FYP. We want to provide our young professionals with a sense of importance and urgency to sign up and be the leaders of tomorrow. That sense of importance needs to be clearly stated in all forms of media. Each experienced leader must mentor our new professionals so they will be motivated to be part of the organization and teach current and future generations. Our strong connection with leaders will help find ways to make all aware of how ASCLS promotes and increases the visibility of the profession. If society can see the crucial role of the medical laboratory profession in healthcare, our members will renew for years to come.



Helping Our Cause From Page 6

Much has been done already to increase our professional visibility and the individuals involved in these efforts deserve kudos for their accomplishments. The ASCLS Consumer Information Team performs a valuable service for those who seek the information. Our lobbying efforts on the Hill continue to have an impact. However, there is still much to be done. Take every opportunity to serve on interdisciplinary committees in your institutions. Let's continue to educate our prospective young professionals to not be afraid to step up and let their voices be heard. We are integral to the healthcare process. It's time we let everyone in on that!



ASCLS: One Voice, One Vision.

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