We Get Biased by Things That Make Sense

Patient Clinical History Plays an Integral Role in the Review of a Peripheral Blood Film

Merih T. Tesfazghi
PhD Student, Biomedical Sciences, Florida State University, Former, Graduate Assistant, Department of Pathology, Orotta Schools of Medicine and Dentistry; and Clinical Laboratory Scientist at National Health Laboratory, Department of Hematology, Asmara, Eritrea. 
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When I was teaching third year medical students, and bench-lecturing clinical laboratory science students, I emphasized the importance of clinical details and the history of patients in laboratory test processing, especially in the evaluation of peripheral blood films. During those times, one of my students stated, “but including details of patients might somehow affect the decision of the reviewer, and may lead to a bias.” I responded that we are biased by things that make sense. This means that we decide based on the evidence we see from a microscopy evaluation in the light of the clinical detail and history. How do clinical details and history help us reach decisions?

If specimens are the “in vitro ambassadors” of patients to the laboratory, then properly completed request forms are their “credentials.” The content of the request form is thus a bridge that connects patients and clinicians with the laboratory. The more informative the request form is, the better and more accurate the outcome.

Peripheral blood film evaluation and characterization of blood cells based solely on morphology is inherently complex and prone to error. The complex nature of

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Promoting Our Profession

Courtney Lower
Student Forum

“Clinical Laboratory Scientist? So, you’re a nurse?” That’s one of the most commonly asked questions when we tell the public about our profession. Most people are only aware of the healthcare staff members who come into contact with patients. To promote our profession, we need to educate the public about how we play an important role in healthcare.

I believe Clinical Laboratory Scientists (CLS) have a multitude of responsibilities, both inside and outside the workplace. One of their main responsibilities is to complete tasks at the laboratory bench, such as routine testing, special testing, and any other testing required because laboratory data plays an important role in the process physicians use to make accurate diagnoses for their patients. Other than day-to-day responsibilities of the Clinical Laboratory Scientist in the workplace, I believe it is part of our duties to educate the community on the role of the Clinical Laboratory Scientist. Most people do not know what this title means, let alone the role we play in healthcare. If every Clinical Laboratory Scientist were to go out and educate a small portion of their communities on the importance of their job in healthcare, I believe it

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Today's Agenda

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President’s Message

J.R. Constance, MHA, MLS(ASCP)CM
ASCLS President 2013-2014

2014 ASCLS Annual Meeting – Feed Your Passion!

It’s that time of year again, that time when many of our members are preparing to travel to the 2014 ASCLS Annual meeting, in Chicago, Illinois. Bags are being packed, conference programs are being reviewed to finalize which sessions will be attended, and plans for dinner with friends from all over the country are being made. Of course, flights and reservations for the Chicago Marriott Downtown were booked long ago.

The ASCLS Annual Meeting is the Main Event for ASCLS every year, where many of our members have an opportunity to Feed Their Passion for the profession of Medical Laboratory Science. I say Feed Their Passion because this is a major opportunity for our members to meet with colleagues and peers, to learn about the latest in laboratory testing, technology, research and management, to conduct the business of ASCLS, and to network with friends and colleagues from across the country. So many of our attendees leave at the end of the week reinvigorated and excited about the profession, and ready to Share Their Passion for the profession back home with colleagues, peers and hospital and educational institution leadership.

This meeting is where the governance of ASCLS happens. Delegates from ASCLS Constituent Societies, from all over the country, come together to conduct the business of the society. On Tuesday morning we have the ASCLS Board of Directors’ meeting. Tuesday afternoon is when most of the ASCLS Committees meet to review charges and plan activities and meetings for the coming year. Elections are held on Friday, and on Saturday morning the ASCLS House of Delegates meets.

Speaking of elections, this issue of ASCLS Today includes the bios for all of this year’s candidates for ASCLS office. These individuals are some of the best and brightest leaders of ASCLS, all volunteers, who are stepping up to offer their service as officers of our society. Even if you are not attending the Annual Meeting please take the time to read through these bios and let your delegates know your thoughts.

Of course, ASCLS is widely known for the quality of the continuing education it provides. The meeting program for this 82nd ASCLS Annual Meeting contains many excellent sessions and roundtables on a wide variety of topics. There is truly something for everyone in the program.

In addition to the great continuing education the meeting also offers the opportunity to attend the 2014 Clinical Lab Expo, the world’s largest medical laboratory exposition. Over 700 exhibitors will be present this year displaying and demonstrating a multitude of products. This is an excellent opportunity to visit with vendors who provide products and services from all areas of the laboratory and to see the latest technologies all in one place.

If you haven’t been to a Clinical Lab Expo before you’ll find the exhibit hall is huge, so you’ll definitely want to bring the right shoes for all of the walking you will be doing. And this year on Wednesday and Thursday free lunch will be provided in the exhibit hall for attendees and exhibitors.

As many of you know, one of my favorite things about the Annual Meeting is having the opportunity to reconnect with long-time friends from all over the country, to meet new laboratory colleagues and make new friends. There are plenty of opportunities for networking and socialization. The First Timers’ Reception on Tuesday evening for individuals attending their first ASCLS Annual Meeting and the President’s Reception on Wednesday both offer time for attendees to get together and socialize and network. Thursday evening is usually the evening attendees plan their state and

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The American Society for Clinical Laboratory Science

CAREER FAIR

Marriott Hotel Downtown, CHICAGO

FRIDAY, AUGUST 1, 2014

9:00 AM - 3:00 PM

The American Society for Clinical Laboratory Science seeks to make a positive impact on health care through leadership that will assure excellence in the practice of laboratory medicine.

ASCLS is proud to invite you to their 2014 Career Fair which will be held in conjunction with the ASCLS Annual meeting and Clinical Lab Expo, the largest gathering of laboratory professionals of the year.

Join us and meet face-to-face with employers looking for qualified candidates like you!

If your company is looking to recruit, please contact Nick Alfera at: n.alfera@jobtarget.com or (860) 440-0635, ext. 305.
PRESENTATION OF CANDIDATES FOR 2014-2015 ASCLS NATIONAL OFFICES

Office: President-Elect

Barbara Snyderman

City/State: Deptford, New Jersey
Member: Since 1977
Education: A.S., B.S., Medical Technology, Hahnemann Medical College and Hospital
Certification: MLS (ASCP)CM, DLM(ASCP)CM

Employment: Senior Laboratory Specialist, Ortho Clinical Diagnostics, Rochester, NY

Society Participation:
REGIONAL: 2011—2014: Director Region II, 2008—2011: Director Region II
NATIONAL: 2011—2014: Director Region II, ASCLS Board of Directors; 2008—2011: Director Region II, ASCLS Board of Directors

Statement of Philosophy:
ASCLS has always been an important part of my professional life—it has been the constant through many career changes. The members of the organization have provided support, assistance and mentoring throughout my career. We need to communicate to our members and potential members the value of these benefits as well as the importance of supporting the profession through membership and activity in the organization.

We also must do a better job explaining membership and certification. I believe many of our colleagues and young professionals do not fully understand the differences and thus miss out on joining ASCLS and reaping the benefits of membership.

I have enjoyed serving ASCLS since joining in 1977—whether at the local or national level. It is my greatest honor to be considered a candidate for President-Elect of ASCLS. Together, we must increase the organization’s membership to ensure the laboratorians of tomorrow realize the benefits of serving the society and the profession.

Debbie Shell

City/State: Pocatello, Idaho
Member: Since 1978
Education: B.S. Microbiology, B.S. Medical Technology, Idaho State University
Certification: MLS(ASCP)CM

Employment: Laboratory Instructor, Idaho State University, Pocatello, Idaho

Society Participation:
STATE: 2009—present: Member, Vice-chair, Chair Membership Development Committee; Administrative Secretary, Board of Directors; Chair, Government Affairs Committee; 2010—2013: Speaker, Spring Convention; 2010: Registration Chair, Spring Convention; 2009—2011, 2013: Speaker, Hagerman Leadership Retreat; 1982—1983: 1980—1981: President
REGIONAL: 2012—2013: Member, Region VIII—Intermountain States Seminar Task Force; 2012: Program Chair, Intermountain States Seminar; 2013—present: Faculty; Region VIII Leadership Academy; 1989—1995: Director Region VIII
NATIONAL: 2011—present: Member, Judicial Committee; Member, Government Affairs Committee; 2013—present: Co-Coordinator, Scientific Assembly; 2013: Member, Lifetime Achievement Award Task Force; 2012: Chair, Member of the Year Task Force; 2007—2011: Region VIII Representative, PAC Board of Trustees; 2003—present: Member, Consumer Information Team; 1989—1995: Director Region VIII, ASCLS Board of Directors

Statement of Philosophy:
I am always amazed at the wealth of ideas, talent, and energy exhibited by ASCLS grassroots members. I believe that this is truly one of our organization’s greatest strengths, and supports the notion that ASCLS is THE premier professional laboratory society. Even other lab organizations acknowledge this, stating that ASCLS does a lot of the “heavy lifting,” especially when it comes to advocacy and collaboration for the profession.

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In order for this treasure-trove to continue, our organization and its leaders must lend support for these activities. We need to greatly increase our retention of current members and encourage new members to join by appealing to multiple generations and multiple interests, because without this diverse membership base, it becomes difficult to continue these ideas, talents and energy, and our collaborative efforts.

I have had the honor of serving in many capacities at all levels of ASCLS, learning from many wonderful mentors in our organization. I believe this experience has prepared me with the skills I need to lead the team of grassroots members and leaders to accomplish the goals of increasing membership, engaging grassroots members in sharing their ideas and talents, and collaborating for the future of ASCLS and our profession.
Region II Director
Nadine Fydryszewski  From Page 5

 concepts of professionalism, collegial networking, and unified representation of the profession, by the profession, for the profession. A strong “voice” represented by increased ASCLS membership can lead to enhanced awareness among healthcare colleagues and the public, of the “value” MLS/MLT contribute to patient care. One ASCLS “vision” is to expand our role as members of the interprofessional healthcare team through a new career path, the DCLS. My second goal will be to continue this vision through promotion of this advanced practitioner. As Region II Director I will strive to foster unification of our colleagues through membership, and thus continue to be the “voice” that will promote the “value” and “visions” of the profession.

to make our voice heard, our value known, and our vision understood. I would like to facilitate and participate in the expansion of awareness of the value of what ASCLS offers in order to encourage participation amongst current members in Region IX, and potential members in Region IX. I will continue to add value to being a member of ASCLS. As someone who has often found herself in a mentoring role, and has many mentors she looks up to, I would like to build upon the mentoring and peer value aspects of ASCLS. I want to work toward increasing the image of ASCLS as a group of professionals relative to other medical groups, and to facilitate professional coaching and relatability. It is important that we improve the fluidity of communication between group members on a professional level. As a recognized advocate for ASCLS and as a new professional, I look forward to serving as the next Region IX director.

Region IX Director
Shannon Billings

City/State: Anchorage, Alaska
Member: Since 2009
Education: B.S., Medical Technology, University of Alaska, Anchorage
Certification: MLS(ASCP)CM

Employment: Medical Technologist, Providence Alaska Medical Center Blood Bank, Anchorage, Alaska

Society Participation:
STATE: 2008-Present – CLSA Membership Development Committee; 2011-2012 CLSA President-Elect; 2012-2013 CLSA President; 2014-Present CLSA P.A.C.E Administrator
REGIONAL: 2009-Present – Region IX Board of Directors
NATIONAL: 2009-2010 – Bylaws Committee Student Member; 2010-2011 – Bylaws Committee FYP Member; 2011-2012 – Bylaws Committee; 2012-2013 - Bylaws Committee Vice-Chair; 2013-2014 - Bylaws Committee Chair

Statement of Philosophy: Just as no man is an island, so is no profession. We are a vital part of the healthcare community, and it is important that we be seen, heard, and understood as such. We need

Region X Director
Sally Pestana

City/State: Honolulu, HI
Member: Since 1984
Education: B.S., Nutrition; B.S., Medical Technology, University of North Dakota
Certification: MT(ASCP)

Employment: Professor of Health Sciences, Kapiolani Community College, University of Hawaii, Honolulu, HI

Society Participation:
STATE: 2009-2010 – At Large Board Member; 2009-Present – Annual Meeting and Exhibits Committee; 2011 – President-elect; 2012 – President
REGIONAL:
NATIONAL: 2005-2009 – Region X Member of ASCLS Nominations and Elections Committee; 2011-Present – Education and Research Fund Trustee, Member of 2013-2014 ASCLS Nominations and Election Committee

Statement of Philosophy: The representative model of the ASCLS Board of Directors ensures that all societies have a voice in the national organization. At the same time, the board is responsible for meeting the needs of the entire organization as a single entity.

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Having served on other boards that operate under the same representative model, I have the experience to understand the fine line of speaking for a defined constituency while at the same time making decisions for the good of the entire organization.

It would be an honor and pleasure for me to serve the ASCLS membership as a member of the board of directors. I pledge to contribute to the board based on my knowledge of the organization over the past three decades. I ask for your vote, and if elected will work hard to honor that vote.

**Nominations Committee**

**Kyle B. Riding**

**City/State:** Peabody, MA  
**Member:** Since 2004  
**Education:** B.S. Medical Laboratory Science, Ph.D. Public Health  
**Certification:** MLS(ASCP)CM

**Employment:** Chair, Medical Laboratory Technician Program, Quincy College, Quincy, MA

**Society Participation:**  
**STATE:** 2008-2012 – Director ASCLS:CNE Board of Directors; 2012-2013 – ASCLS:CNE President-elect; 2013-Present – ASCLS:CNE President  
**REGIONAL:** 2010-2011 – General Chair, Region I Seminar; 2013-Present – Region I Council  
**NATIONAL:** 2006-present – ASCLS:CNE Delegate to ASCLS Annual Meeting; 2008-Present – Member/Vice-chair, Government Affairs Committee; 2008-2011 – Patient Safety Committee; 2012 – Advisor, New Professionals Committee; 2009-2012 – Vice-Chair, Social Networking Task Force

**Statement of Philosophy:** As the pre-eminent professional organization for medical laboratory professionals, I am proud to have served ASCLS in a variety of capacities over the past decade. This organization has not only provided me with the opportunity to grow as a professional but has provided me with a wonderful network of colleagues that I consider part of my extended family. This sense of family is one of the intangible benefits ASCLS membership carries with it. The Nominations Committee plays an important role in assuring that the potential leaders of ASCLS keep this tradition alive. As a professional who is not quite as ‘new’ as he was a few short years ago, I feel that I have the potential to help the committee and association identify new leaders that will continue to expand our voice, value, and vision!

**Bill Hunt**

**City/State:** Lansdowne, PA  
**Member:** Since 1982  
**Education:** B.S., Medical Technology, Temple University, M.B.A. Drexel University  
**Certification:** MLS (ASCP)CM

**Employment:** Administrative Director of Laboratory Services, University of Pennsylvania Health System, Philadelphia, PA

**Society Participation:**  
**STATE:** 2007-Present – Delaware Valley Chapter of ASCLS-PA Board of Directors, 2007-Present - Board, Pres Elect, Pres, Past President, Secretary ASCLS-PA, 2012 Chair ASCLS-PA State Meeting  
**REGIONAL:** 2010-2013-Member Region II Council  
**NATIONAL:** 2009-Present ASCLS Representative Member Vice-Chair Chair Joint Commission Professional Technical Advisory Committee, 2011-Present ASCLS Representative NAACLS Member Secretary Treasurer, 2004-2006 2007-2008 Vice Chair, Chair CEAC Committee, 2006-2007, 2008-2009 Chair Annual Meeting Steering Committee.

**Statement of Philosophy:** Serving on Nominations for one year to finish a term has been a wonderful experience. If given the opportunity to serve on the Nominations Committee for a full term, I believe it is extraordinarily important to present a well qualified slate of candidates at the national meeting. As a member since 1982 (when I joined as a student) our industry and society have faced many challenges all of which have shaped our profession. An organization is only as strong as its active members. In these unsettling times we must find well qualified candidates who can guide our organization into the

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future. Members of the committee must have contacts throughout the organization and encourage members to move to new positions. I have had the opportunity to serve our organization at the chapter, state and national level and will continue to work diligently to find the best qualified candidates.

Shellie Smith

City/State: Anchorage, Alaska  
Member: Since 1976  
Education: B.S. Medical Technology, U. of Washington  
M.B.A. Business Administration, University of Washington  
Certification: MLS(ASCP)CM

Employment: Health Program Manager, State of Alaska, Anchorage, Alaska

Society Participation:
STATE: 2008 – Present, Member; Vice-Chair; Chair Membership Development Committee; 2004 – Present, Chair, CLSA – Bylaws Committee; 2007 – 2010, President elect, Pres., Past Pres., CLSA Board; 2004 – Present, Member, Attendance at CLSA meetings; 2009 – 2010, Chair, CLSA Annual Meeting Committee  
REGIONAL: 2011 – Present, Director, Region IX Board; 2008 – 2009, Member; 2011 – Present, Member, Attended Regional Meeting  
NATIONAL: 2011 – Present, Region IX Director, ASCLS BOD for Region IX; 2008 – 2009, Member, ASCLS Nominations Committee; 2012 – 2013, Member, ASCLS Finance Committee; 2011 – Present, Member; 2011 – Present, Member, Attended Legislative Day

Statement of Philosophy: I believe my experience as a health facility inspector, a manager of multiple grant programs for hospitals as well as the bylaws chair for the Clinical Laboratory Scientists of Alaska makes me an excellent candidate for the Judicial Committee.

I worked with regulations as an inspector and I see bylaws as the laws ASCLS created by which to regulate itself. My past experience with regulations will help me to interpret the intent of the ASCLS bylaws and apply them in a fair and just way. As a manager of multiple grant programs, I have to review a number of rules and present them to the public in easily understood layman’s terms. This requires I use clear and concise written as well as oral communication skills. Finally, as the bylaws chair for the Clinical Laboratory Scientists of Alaska, I must see that the State bylaws are in compliance with those of ASCLS. As a result, I believe the time it would take for me to become familiar with ASCLS bylaws would be quite minimal.

Ginger Weeden

City/State: Pleasant Hill, CA  
Member: Since 1999  
Education: B.S., Journalism, Oklahoma State University; B.S., Medical Technology, Central State University  
Certification: MLS(ASCP)CM

Employment: US Marketing Manager, Bio-Rad laboratories, Benicia, CA

Society Participation:
REGIONAL: 2006, 2007 – IMSS (Region VIII) Vendor Liaison; 2008-2009 – Regional Representative Member Services Committee; 2013 – General Chair Region X Meeting  
NATIONAL: 2006-2010 – Vendor Representative Education & Research Foundation; 2007-2010 - Chair Industry SA; 2010-Present – Region X Director; 2011 – Executive Committee; 2012 – Member International Task Force; 2012, 2013 - Board Liaison Member Services Committee; 2012, 2013 - Board Liaison Awards Committee

Statement of Philosophy: Although rarely needed in our organization, it is vital to know that should circumstances arise that require fair review of bylaws and laws of convention, that there is a system within ASCLS that allows the officers and members to call for the body- the Judicial Committee in this case – to review the matter. Coming from Industry certainly gives me a great deal of opportunity to come across business situations where local, state and federal laws must be considered. Having this background

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Judicial Committee  
Ginger Weeden   From Page 8

gives me a broad perspective on how other countries, companies and organizations approach difficulties with the law, and it gives me a healthy respect for how differently laws—even by-laws—can be interpreted. It is important that all levels of the organization (state, regional and national) have a group of professionals who can examine the nuances of a situation and be able to work together to render the best opinion to the requesting entity. I would look forward to the opportunity to work with the committee members in examining the difficult situations presented to us.

ASCLS Patient Safety Committee  
Needs You and Your Input

Cathy Otto

Have you seen the flyers that the ASCLS Patient Safety Committee has developed? They are on the ASCLS website at http://www.ascls.org/patient-safety/patient-safety-tips-tools/63-patient-safety-2.

The ASCLS Patient Safety Committee wants to know if you or your laboratory have used or are using any of these products. Please send an email to Cathy Otto at cnotto@salisbury.edu to share your experiences with the committee.

Collaboration: The Key to a Successful State Meeting

Kyle Riding, PhD, MLS(ASCP)CM

One of the most daunting challenges for every Constituent Society within ASCLS involves planning a successful annual convention. These meetings often provide the single opportunity each year to reconnect with colleagues and obtain high-quality continuing education. Furthermore, these events are often the only time members get a chance to see the constituent society leadership involved in various association-related activities. Therefore, the importance of these meetings cannot be undervalued as they really are one of our best chances to attract new members and, more importantly, retain those colleagues who are currently members.

However, we are in a professional environment where employers have to decrease continuing education budgets and decrease staff to meet certain efficiency expectations. These factors make it more difficult for all of us to attend such meetings. As such, each constituent society is placed in a rather precarious position of wanting to provide members with the experience of an annual meeting but being concerned about the financial risk it places on the organization. Also, one cannot forget the toll such meetings place on volunteer members who participate in the planning process. An unsuccessful meeting is demoralizing and impacts a member’s desire to remain active in the constituent society. Balancing the competing demands of wanting and needing a meeting with the realities of our professional landscape make the annual convention planning committees some of the most overworked (and sometimes undervalued) individuals within our constituent societies.

ASCLS-CNE has been very fortunate with our annual meeting over the past number of years/decades. Every spring the planning committee prepares a wonderful program held at the Providence, Rhode Island Convention Center. Members from all three states of ASCLS-CNE attend, along with many colleagues from neighboring states. It is truly a shining star for our organization with over 600 attendees and dozens of vendors joining us over the three day period.

For many years this meeting competed with a joint meeting held by the local chapters of CLMA and AACC. While the focus of their meeting was slightly different than ours, it created competing demands with the vendors and professionals alike. Very rarely would an employer allow individuals to have the time off to attend both meetings due to the fact they would often happen in back-to-back weeks. Furthermore, the vendors complained for many years they had to setup for two different meetings that were geographically close and held within such a narrow time window. While talks of collaboration had boiled at the surface for years, the slight differences in scope between the two meetings always served as a roadblock for moving forward on hosting a joint meeting.

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blood cell morphology becomes apparent when we deal with undifferentiated or immature cells, or in conditions that are characterized by overlapping cellular features, and/or the coexistence of some diseases. These and other factors listed below are some of the reasons why we need to have clinical details and the history of patients included in a request form to maximally contribute to the accuracy of the diagnosis. This ultimately results in quality service and contributes to the overall improvement of the healthcare system. The need for clinical details while reviewing peripheral blood film is essential for the following reasons:

- **Clinical details help us to carry out a correct differential diagnosis.** There are hematologic disorders characterized by overlapping findings. For example, the differential diagnosis of chronic myeloid leukemia (CML) and leukemoid reaction may sometimes be equivocal when the features, including the total white blood cell count, are at the borderline. In patients who do not have leukemia, very high white blood cell counts, generally greater than 50x10⁹/L [1], may produce a peripheral blood film appearance similar to leukemia. To further complicate the diagnosis, severe granulocytic leukemoid reaction might be characterized by a marked left shift which may display a range of immature cells that are also seen in CML. Severe left shift especially in the absence of evident infection (or other underlying diseases) may strongly suggest direct bone marrow involvement. In such a scenario, clinical details of patients such as absence or presence of enlargement of extramedullary organs is highly desirable.

- **The coexistence of multiple conditions** in a given patient. One condition may mask the presence of the other condition. For example, the coexistence of megaloblastic anemia with iron deficiency anemia. Usually, megaloblastic anemia is characterized by increased size of red blood cells (MCV), but when it coexists with severe iron deficiency anemia, the peripheral blood film may overwhelmingly display features of iron deficiency, MCV may fall within normal range, and as a result, megaloblastic features may be underrepresented. Ovalo-macrocytes and hypersegmentation, for example, are major findings of megaloblastic anemia. However, we do also see occasional hypersegmented neutrophils in healthy individuals, and ovalomacrocytes in myeloproliferative disorders (MPDs). Although it is imperative that we count or average the number of lobes to attribute hypersegmented neutrophil to megaloblastic anemia, to add confusion, lobes are not always discrete. Because the appearance of some findings is also dependent on the severity or stage of diseases, it is likely that one disease may mask the other.

- **Patient information helps the reviewer remain “alert” and “thorough”.** There are some innocent-looking peripheral blood films that do not grab the attention of the reviewer. In such scenarios, the reviewer may be naturally relaxed, or may even get fooled, and consequently, important pathologic alterations may be easily overlooked. Subacute leukemia and aleukemic leukemia are characterized by less than 15x10⁹/L white cell count which at times may fall within or below normal range. Morphologically, immature cells are only present in the peripheral blood of sub-acute leukemia, [2] but may be sparse enough to be missed. Peripheral blood films are also used to follow the response of patient treatment on previously established diseases. Indicating the intention of the request orients and helps the reviewer expect some changes as a result of the treatment, and thus avoids confusion, eases the assessment process, and reduces cost that might be incurred as a result of dwelling on the same but inaccurate diagnosis.

- **Certain treatments may cause quantitative and qualitative changes that mimic pathologic conditions.** The changes incurred as a result of treatment given to a patient might completely mislead the reviewer, and may create confusion in the diagnosis; for example, pancytopenia secondary to chloramphenicol administration, or red blood cell dimorphism that appears as a result of a blood transfusion just prior to specimen collection. Pancytopenia and dimorphism are also characteristic features (or features) of other hematologic diseases such as sideroblastic anemia, aplastic anemia, megaloblastic anemia, etc.[1,3]

- **Surgical intervention.** The pathophysiologic blood cell alterations in blood disorders involves both intra- and extra-medullar hematopoietic organs. For example, teardrop cells are seen in the peripheral blood of patients with altered bone marrow (intra-medullar) and spleen (extra-medullar) structure. Teardrop cells are important findings, if not pathognomonic [1], of myelofibrosis. However, in patients with history of splenectomy, teardrop cells might disappear.

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• Disease progression or transformation. Some blood disorders are characterized by transformation to a different condition. A good example is the transformation of chronic myeloid leukemia to its acute form. In such instances, a previous history of the patient plays an important role in immediately relating the scenario to a disease progression or transformation.

Put together, clinical details and history of patients play an integral role in the interpretation of a peripheral blood film. Insufficient information about patients coupled with the inherent equivocal nature of morphology-based diagnosis may compound the process of reviewing the peripheral blood films, and may at times make the reviewer irresolute. This may eventually delay the standard turnaround time and, therefore, compromise the overall quality of the system.

References

Our Profession From Page 1

would dramatically increase awareness and appreciation for laboratory work.

An example that comes to mind would be to host community events, such as routine health screens and have the Clinical Laboratory Scientists on site. Having CLSs on site is important because they can explain their roles as well as provide information regarding the health screen tests being offered as they also educate the community on the importance of having regular health screenings. This could also show the community the level of respect CLSs have for the community’s health as a whole.

Students can also play an important role in promoting the importance of Clinical Laboratory Scientists in healthcare. I know that when I have been in clinical rotations performing phlebotomy on patients, they ask me about what profession am I studying. Their first response would be something along the lines of, “Oh, you’ll be a good nurse.” I then respond with, “A Clinical Laboratory Scientist is much different than a nurse. I am in the laboratory, running various tests on blood, urine, and other body fluids.” Of course these opportunities don’t present themselves too often because, one of the downsides, is that we are behind the scenes and rarely come in contact with patients, except when collecting specimens for sweat tests and other tests. So we need to seize every opportunity we get!

President’s Message From Page 2

region dinners.

On Friday evening members of the Alpha Mu Tau Fraternity (AMTF) and their guests get together to hold the AMTF annual meeting and dinner and conduct the business of that society. This is always a great time for those who attend, and a lot of money is raised for scholarships, which benefit students and members of our society.

I am excited about attending this year’s Annual Meeting and looking forward to seeing many of you at this year’s ASCLS Annual Meeting, and to helping your Feed Your Passion for the profession.

State Meeting From Page 9

Two years ago the winds began to shift direction. The joint meeting between CLMA and AACC was no longer meeting its registration goals and the organizations were beginning to contemplate the need for the meeting and eventually decided to dissolve it. Concurrently, the national branch of ASCLS began talks with CLMA to discuss the possibilities of a merger. These factors once again opened up the door for discussions between ASCLS-CNE and the local chapter of CLMA. I am pleased to say that over the past two years CLMA has served as a co-sponsor of the meeting and has helped ASCLS-CNE find high-quality speakers for a management section that had difficulties finding speakers. Furthermore, with the joint CLMA and AACC meeting no longer being held, ASCLS-CNE was able to advertise directly to CLMA and AACC membership and vendors no longer had to decide which meeting would provide the best return on investment.

Here we are, two years after the initial collaboration began and our board of directors and planning committee worked together to procure a LARGER vendor exhibit in the convention center. We have also seen increases in attendance thanks to our colleagues at the local branches of CLMA and AACC assisting with advertising efforts. We know collaboration for state meetings is not a new concept for many. However, we hope our example reminds everyone in ASCLS that while the

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Moving?
Send the attached label and your new address six weeks in advance to ensure uninterrupted membership services.

Merger discussions between the national chapters of ASCLS and CLMA did not work out, do not forget your local colleagues in these organizations. Like ASCLS, their grassroots membership needs high-quality continuing education and ability to network with colleagues. The synergistic effects of our collaborative efforts in ASCLS-CNE highlight this.

**VOICE**

**VALUE**

**VISION**