



## This Lab Has Gone to the Dogs

Shannon Billings, MS, MLS(ASCP)<sup>CM</sup>  
Region IX Director

Each year in February the Providence Alaska Medical Center (PAMC) laboratory in Anchorage gets very busy testing all the athletes of the most famous race in Alaska. Approximately 2,000 athletes were entered in this year's race. The laboratory does a CBC, a CMP, and a CK on every athlete. The CBC for anemia, blood disorders, or infection; the CK for muscle damage; and the CMP for internal organ function. These athletes, with names like Stetson, Frodo, Shasta, and Windex, are not the typical patient the laboratory sees. These are the dogs for the Iditarod Sled Dog Race.

Termed "The Last Great Race on Earth," the Iditarod is a race from Anchorage to Nome, covering more than 1,000 miles. The race itself is a tribute to the part that the sled dogs played in the settlement of Alaska; it preserves the historic gold rush route and mail route that dogs ran before modern transportation became available. Dogs and their mushers from all over the U.S., and countries as far away as Japan and Australia come to Alaska to race in The Last Great Race.

The Sisters of Providence, who founded PAMC, first came to Alaska in 1902, arriving on the beaches of Nome to provide care and comfort to the remote people of Northern Alaska. The testing PAMC laboratory does is in keeping with the same spirit with which the hospital was founded, and extends to a relationship with every dog and musher who arrives safely in Nome at the finish line.

PAMC does all the testing for free. We believe that, since dogs don't communicate pain and suffering well, and they don't exactly complain when something is wrong, that we in the laboratory are the voice of these sled dogs. With up to 100 teams in the race each year, and up to 24 dogs allowed per team, that's a lot of chemistry and hematology specimens to process.

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## Bacteremia and Meningitis in a "Cat" Lady

Lynda Britton, Ph.D., MLS(ASCP)<sup>CM</sup>, SM

This 50-year-old white female was found in on the floor of her apartment by the fire department. Her right leg was caught in the bed railing and she was unable to free herself. She was lying in her own urine and feces and had several bruises and scratches on her legs and buttocks. Her apartment was in a condemned building, and there were several cats and dogs present. Two animals were dead.

On initial examinations she could answer questions but appeared to have altered mental status and confusion. She reported soreness, weakness, and blurred vision. Her blood pressure was 130/80, temperature was 102.7°F, respirations were 26 per minute, and she had a heart rate of 120. She weighed 93 pounds and was 63 inches tall. She had a regular heart rhythm with 2/6 systolic ejection murmur. Her chest was clear and her abdomen was normal. She was unable to cooperate with her initial neurological examination.

She was admitted to MICU and treated for rhabdomyolysis due to death of muscle fibers. She had a full febrile workup consisting of blood cultures and lumbar puncture that demonstrated findings consistent with meningitis. The second day after admission blood cultures grew a small gram negative bacillus, but the CSF culture showed no growth. She had elevated

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### Today's Agenda

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## President's Message

*Susanne Norris Zanto, MPH, MLS(ASCP)<sup>CM</sup>SM  
ASCLS President 2014-2015*

### It's All About Collaboration!

Continuing with my articles explaining the 2014-15 ASCLS strategy canvas, this month's article focuses on the key element of maintaining our collaborative efforts with other healthcare related organizations. I wonder how many of you realize the breadth of ASCLS's involvement as we continue to speak with one voice and one vision on behalf of our members and the clinical laboratory science profession.

I see ASCLS's collaborative efforts as two pronged – one prong is the relationships we maintain with our fellow laboratory professionals. ASCLS works closely with other laboratory professional organizations to address those issues affecting our profession. For example, since ASCLS started the Legislative Symposium 26 years ago, we have been joined by CLMA, ASCP, AGT, and AMT and together we learn about the legislative issues impacting our profession and our livelihood. We then, speaking with one voice, visit our members in Congress and provide them with the laboratory professional's perspective on current legislation.

Our ASCLS strategic plan calls for us to collaborate with other clinical laboratory organizations to create and implement strategies to address the shortage of clinical laboratory professionals and educational programs. ASCLS convened a workforce shortage summit in 2000, which developed into what we now know as the Coordinating Council on the Clinical Laboratory Workforce (CCCLW). The nineteen professional organizations that currently comprise CCCLW have different perspectives on many issues, but they come together to address the serious challenge of ensuring an adequate supply of clinical laboratory professionals. Rick Panning, former ASCLS President, is the ASCLS voting member to CCCLW, and Susan Morris, another ASCLS Past President and current member of the Board of Certification, is the 2015-16 Chair of CCCLW.

ASCLS is working with AACC and ASCP to introduce clinical laboratory science to our youth, and has just committed to sponsoring 3 booths at the 2016 USA Science and Engineering Festival, to be held in April 2016 in Washington, DC. Mary Ann McLane, another former ASCLS President, will be leading the efforts to engage our youth.

ASCLS is actively partnering with the Association of Public Health Laboratories (APHL) on continuing education offerings, and is working with the Clinical and Laboratory Standards Institute (CLSI) to develop educational opportunities around the use of CSLI guidelines.

ASCLS works closely with the Centers for Disease Control and Prevention (CDC). We have actively participated in deliberations of the Clinical Laboratory Improvement Advisory Committee (CLIAC) which provides scientific and technical advice and guidance to the Department of Health and Human Services (HHS). In addition, the Patient Safety Committee is currently helping the CDC **Laboratory Medicine Best Practices (LMBP)** Initiative identify member workplaces that can help provide systematic, data-driven approaches that can be evaluated and recommended as best practices for the laboratory field.

If the first prong is working with other laboratory organizations, the second prong of our collaborative efforts is the relationships we are forging with other members of the healthcare system. The ASCLS Pledge to the Profession is to seek to establish cooperative and respectful working relationships with other health professionals. ASCLS maintains strong relationships with other organizations, such as the American Hospital Association, the Health Professions Network, where Dan Olson of Minnesota is the current Treasurer and Finance Chair, and the

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“Cat” Lady From Page 1

troponin levels and was treated as a full acute coronary syndrome with Fragmin (dalteparin), an anticoagulant, and a beta-blocker. A CT scan demonstrated a left psoas (lower back muscle) abscess at a 2 x 1 centimeter area descending 5-6 centimeters.

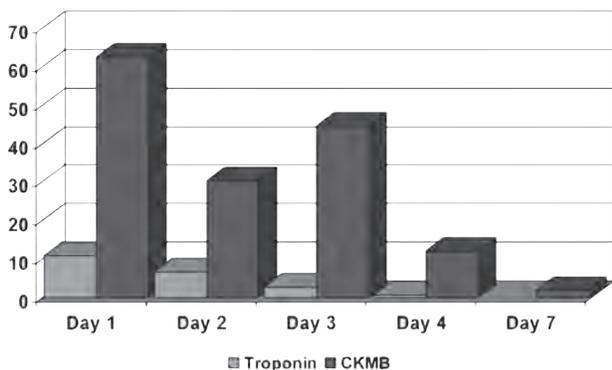
Table 1. CSF Test Results

Test	Results	Normal Range
Gram Stain	6-30 WBCs No organisms seen	0
Culture	No growth	No growth
Nucleated cells	328	0-10
RBCs	9250	0
Glucose	46	40-70
Protein	353	12-60
LDH	542	0

Table 2. Important Hematology Findings

Parameter	Day 1	Day 2	Day 3	Day 4	Reference Range
WBC	10.46	10.51	7.92	6.67	3.9-10.7 X 10 <sup>3</sup> cells/uL
Bands	3.87	0.42	1.89	0	0.7 x 10 <sup>9</sup> /L
HGB	15.8	12.0	11.4	9.5	14-18 g/dL

Table 3. Heart Enzymes



After initial treatment with Zosyn and Ciprofloxacin, her antibiotic was changed to Rocephin when the blood culture isolate was identified. She received Rocephin for 30 days. A second CT demonstrated resolution of the abscess.

The patient received physical therapy and could ambulate 200 feet with a wheeled walker at discharge. A formal psychiatric evaluation found her to have mild cognitive impairment and depression, and recommended 24/7 supervision. She was also placed on Zoloft. After 38 days in the hospital the patient was discharged in stable condition to a skilled nursing facility.

This was a rare case of septicemia and meningitis caused by *Pasteurella multocida* as a result of scratches received from either cats and/or dogs. It was complicated by anemia, non ST-elevated myocardial infarction, and depression.

*Pasteurella multocida* is a small encapsulated Gram negative, non-spore-forming, bipolar staining bacillus. It is found in nature as a commensal in the upper respiratory tract and oral cavities of many livestock, poultry, and domestic pet species, especially cats and dogs.<sup>1</sup> As many as 87% of dogs and cats may carry *Pasteurella* species in their oropharynx.<sup>2</sup> Approximately 300,000 visits to emergency departments are related to animal bites and 10,000 of these patients are admitted.<sup>2</sup> Not every bite becomes infected, but when they do, rare sequelae of meningitis, endocarditis, and septicemia can lead to death or extended hospitalization.<sup>3</sup>

Infection from *Pasteurella* is considered to be zoonotic and most commonly presents as localized cellulitis or an abscess and lymphangitis. Many bites are treated empirically and are not cultured.<sup>2</sup> Most bites come from the patient’s pet. Complications include rapidly progressive tenosynovitis, osteomyelitis, and septic arthritis. Rare cases of empyema and pneumonia are seen.<sup>1-4</sup> Because cat teeth are small and sharp, they tend to penetrate deeper and cause more serious infections. Infections also occur from scratches, licks, and almost any other pet contact.<sup>4</sup>

In a large prospective study of cat bites, *Pasteurella* was the most common pathogen isolated (70%).<sup>5</sup> More cat bites than dog bites were infected. Furthermore, more severe and more rapid infections occurred when *Pasteurella* was isolated, especially if it was a cat bite. Twenty-six percent of the cases were hospitalized. All received antimicrobial agents for an average of 10 days.<sup>6</sup>

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## Interprofessional Teams

Jazmen Myers  
ASCLS Student Forum Vice Chair

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As a *clinical laboratory science* student participating in my clinical rotations I'm just now starting to see how a hospital environment works as a complete yet divided entity. Doctors, nurses, phlebotomists, surgeons, and laboratorians are just some of the healthcare professionals who comprise an entire hospital. Each health profession has a distinct knowledge base, skill, role, and responsibility; it's these individuals who must work together for the benefit of the patient. Taking part in my clinical rotations has been an amazing experience and I have witnessed great examples of interprofessional teams like rapid response teams and infection control task forces. I also have explored an interest in the doctorate of clinical laboratory science, and the vital role these health professionals can provide to a patient centered healthcare group.

Going through my clinical rotations I have the amazing opportunity to spend time and learn from so many laboratorians and other healthcare professionals. One thing I've witnessed during my general rotation was a stroke alert or code blue. At this particular hospital, the procedure is for doctors, nurses, phlebotomists, and other specialists to come as quickly as possible to the patient's side and save their life. Doctors and nurses perform life saving procedures or prep them for surgery, while the phlebotomist draws the appropriate tubes for laboratory testing. As soon as the phlebotomist is back in the laboratory, the medical laboratory scientist or technician runs tests such as a CBC with a cell differential, complete metabolic panel, and coagulation studies. This is a prime example of interprofessional patient care with timely and quality results. Quality, efficient patient care should be one of the core goals of any successful healthcare system. Through the use of rapid response interprofessional teams, timely, critical patient care is delivered efficiently. This is just one example of a successful interprofessional team I have witnessed.

I have noticed two other great examples of interprofessionalism in and outside the laboratory: In the laboratory, some of us specialize in one area, developing a focused expertise. However, all five major areas of the laboratory, blood bank, hematology, microbiology, clinical chemistry, and pathology, intertwine with each

other to give the doctor the most inclusive patient results. Outside the laboratory, in many hospitals, they have an infection control task force comprised of the microbiology supervisor and the infection control team. The healthcare professionals work together to prevent the spread of infectious disease and common nosocomial infections like *Clostridium difficile* and MRSA.

Interprofessionalism is already present in some aspects of the hospital. However, the more opportunities we have to come together as one and improve the overall quality of patient care, the better. As a student, graduate or undergraduate, there is an abundance of ways to explore and even become a part of interprofessional teams. The recent doctorate in clinical laboratory science is one route worth exploring if you want to work on an interprofessional team.

There has been much research and discussion about designing and launching doctoral programs in clinical laboratory science. Doctoral programs in CLS, as I understand it, will have a curriculum based on mastery of all areas in the lab, extensive communication skills, patient evaluation skills, and other competencies. An individual with the title DCLS will be a major asset to an interprofessional team, working with key healthcare professionals to provide cost effective, quality patient care. For those laboratorians who like patient interaction this is a great avenue to explore while still representing laboratory professionals. Right now, there is only one clinical laboratory science doctorate program in the United States, but at least one more is just a few years off. I am sure as graduates begin practicing and showing their value in and outside the laboratory more and more programs will open.

Interprofessional teams give the patient the best possible patient outcome, because two heads are always better than one. No one person knows it all, and it is important as healthcare professionals to respect and value each other's role in the patient's healthcare. We should all be advocates for these teams, because as healthcare professionals it is our responsibility to be advocates for our patients. Our role as laboratorians can sometimes be over shadowed by those with direct

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## PRESENTATION OF CANDIDATES FOR 2015-2016 ASCLS NATIONAL OFFICES

### Office: President-Elect



#### Linda S. Gorman

**City/State:** Lexington, KY  
**Member:** Since 1979  
**Education:** B.S., Medical Technology, University of Iowa, M.S., Clinical Sciences, MCV-Virginia Commonwealth University, Ph.D. Multi-Dis Nutritional Sciences University of Kentucky

**Certification:** MT (ASCP)

**Employment:** Associate Professor, Education Coordinator, University of Kentucky, Lexington, KY

#### Society Participation:

**STATE:** 2012-Present – Chair Membership Committee; 2013-Present – Liaison for Government Affairs; 2013-2014 – Chair Nominations Committee

**REGIONAL:** 2013 & 2014 – Chair Region IV Leadership Conference; 2013-Present – Chair Region IV Membership Development; 2009-2012 – Region IV Director

**NATIONAL:** 2014 – Speaker for CLEC, 2011–2014 Attended CLEC; 2012–2014 Attended Leg Days; 2012–2014 Delegate for Annual Meeting; 2009-2012 – Region IV Director

#### Statement of Philosophy:

ASCLS has been a presence in my life for a very long time. The energy and vitality of our professional society is threatened by economic and regulatory changes that often seem too hard to overcome. We have overcome many trying times in the past, like competitive bidding, via the determination of our members and the recruitment of new members who see the importance of what ASCLS does for the profession. Whether we are talking about government affairs, promoting the profession through community involvement, or educating the next generation of students, we have the vision and fortitude to act through ASCLS. As our members reach retirement (like me) it is time to mentor and give of our energies to encourage and promote the profession. Our energies can be funneled into training new leaders, advocating for laboratory professionals in government, and pushing ASCLS to new heights of incorporating all laboratory professionals under one umbrella.



#### Suzanne Campbell

**City/State:** Forgan, OK  
**Member:** Since 1988  
**Education:** B.S., Clinical Laboratory Science, Wichita State University M.S., Education Administration, Fort Hays State University Ph.D., Education Administration-Higher Education

Leadership, University of Nebraska-Lincoln

**Certification:** MLS(ASCP)<sup>CM</sup>

**Employment:** STEM Project Director/ Medical Laboratory Technology Program Coordinator-Instructor, Seward County Community College/Area Technical School, Liberal, Kansas

#### Society Participation:

**STATE:** 2012 – KSCLS Annual Meeting General Chairperson, KSCLS Nominations Chair; 2011-2012, KSCLS P.A.C.E.® Committee; 2011, KSCLS Annual Meeting Program Committee Member; 2010, KSCLS Past President and P.A.C.E.® Committee

**REGIONAL:** 2012-2015, Region VI Director; Leadership Development Committee Representative for Region VI

**NATIONAL:** 2012-2015, ASCLS Board of Directors; 2010-2012, Leadership Development Committee Member; 2010-2011, Nominations Committee Member; 2010, ASCLS Abstract Review Committee; 2012-2015, Clin Lab Sci Editorial Board Member; 2013-2014, ASCLS Executive Committee Member

#### Statement of Philosophy:

For 18 years, I have been actively involved in ASCLS at the state, regional and national level in numerous roles. I am committed to the profession and our professional organization. This in-depth knowledge of the organization has prepared me for the office of president-elect. As your president elect, I will seek to strengthen the commitment of the members to ensure the future of the organization. ASCLS is only as viable as its members and their level of commitment. Through collaborative efforts with the committees, board members, executive VP and staff,

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*President-Elect* From Page 6  
Suzanne Campbell

I will work to identify ways to revitalize the members of our organization. It is my goal to lead the preeminent clinical laboratory professionals' organization – ASCLS. I have actively pursued opportunities to develop my communication, delegation and leadership skills through doctoral courses and completion of a leadership development program. I am detail-oriented and articulate. I am a leader as well as a team member. I am able to successfully lead groups to completion of projects. I possess the skill of being able to see the big picture. These skills will enable me to provide solid leadership for ASCLS. It would be an honor to serve as your president-elect of ASCLS.

and input from all constituents within an organization. The major leadership contribution I would like to make to ASCLS is to build a pipeline of leadership talent within the region with capacity and values in place to succeed beyond my tenure as a director. As Region III Director, I aim to: 1. Communicate the goals of ASCLS and facilitate alignment of those goals to all states within the region; 2. Facilitate the documentation of succession planning in every state to assure thoughtful and purposeful action toward the development of a future leadership pipeline in the region; 3. Guide states within Region III in the preparation and planning of annual meetings and/or other events.

#### Office: Region III Director



#### Janelle M. Chiasera

**City/State:** Birmingham, AL  
**Member:** Since 2002  
**Education:** B.S., Medical Technology, Bowling Green State University; M.S., Allied Medicine, Ohio State University, M.A. & Ph.D., Education, Policy and Leadership, Ohio State

University

**Certification:** MT (ASCP)

**Employment:** Chair and Full Professor, University of Alabama at Birmingham, Birmingham, AL

#### Society Participation:

**STATE:** 2012-Present – President, Alabama

**REGIONAL:** 2012-Present – Member of Region III Council,

**NATIONAL:** 2013-2014 – Vice Chair, Leadership Development Committee

#### Statement of Philosophy:

As a member of ASCLS and a medical laboratory science educator for 15 years, I have always been deeply committed to, and a strong advocate of, ASCLS and our profession. My leadership philosophy is that leadership is a choice: a choice to inspire highly educated, diverse, and autonomous professionals to innovatively and cooperatively achieve a shared vision. The success of this philosophy relies heavily on trust, teamwork, open communication, regular dialogue,

#### Office: Region IV Director



#### Roslyn McQueen

**City/State:** Saginaw, MI  
**Member:** Since 1970  
**Education:** B.S., Biological Science, Michigan State University; M.A. Healthcare Administration, Central Michigan University; Ph.D. Pathology, Michigan State University

**Certification:** MT(ASCP), SH(ASCP), CCRC(ACRP)

**Employment:** Certified Clinical Research Coordinator, Hurley Medical Center, Flint, MI

#### Society Participation:

**STATE:** 2002-2003, President, MSCLS(ASCLS-MI); 2004, Chair, MSCLS Spring Meeting; 2009-2014, Chair, Vice Chair, Member, Spring Meeting Steering Committee; 2009, Chair, Finance, Spring Meeting; 2014, Chair, Program-Spring Meeting; 2010, Chair, Local Arrangements; 2009-2015, Chair, Bylaws, Parliamentarian; 2009-2015, Director, District 9, District 2 ASCLS-MI; 2009-2015, Lecturer, Hematology, Conference Attendance, ASCLS-MI; 2012-2014, Lecturer, Hematology, Conference Attendance, ASCLS-OH; 2013-2014, Lecturer, Hematology, Conference Attendance, ASCLS-IN  
**REGIONAL:** 2012-2014, Director, Region IV ASCLS; 2002-2003, Secretary, Region IV; 2003-2004, Chair, Region IV; 2008, Member, Region IV Bylaws Task Force; 2008-2009, Member, Region IV Guideline Revision; 2007-2014, Member, Region IV-Caucus; 2012-2014,

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*Region IV Director From Page 7*  
Roslyn McQueen

Director, Region IV-Leadership Academy Committee; 2013-2014, Chair, Region IV Leadership Development Meeting; Chair, 2012-2014, Region IV Council  
**NATIONAL:** 2012-Present, Board of Directors, ASCLS; 2000-2012, Delegate, ASCLS Annual Meeting; 2006-2012, Member, Vice Chair, Chair, Bylaws Committee; 1990-Present, Member, Forum for Concern of Minorities; 2012-2013, Board Liaison, Government Affairs Committee; 2012-2014, Member, Finance Committee, ASCLS; 2012-2013, Member, Prorated Dues Committee; 2012-2013, Board Liaison, Abstract Committee; 2013-2014, Board Liaison, Bylaws; 2013-2015, Member, Chair, Policy and Procedure Committee; 2014-2015, Board Liaison, Awards Committee; 2014-2015, Member, Executive Committee ASCLS; 2004-Present, Member, Alpha Mu Tau; 2012-2014, Member, AMT-Scholarship Committee, Parliamentarian

#### **Statement of Philosophy:**

It has been an honor and a privilege to have served as the Director for Region IV and as member of the Board of Directors of ASCLS. This is a responsibility that I do not take for granted, and have worked hard to fulfill the duties and requirements of the position. I have been present, prepared and participatory at all meetings, and with all tasks assigned on the national, regional and state levels of ASCLS. It has been my great honor to serve as the servant leader for my constituent states, Michigan, Ohio, Indiana and Kentucky, as well as ASCLS membership. Upon my election, I vowed to be available and of assistance to my constituent society presidents. I have attended and participated in the annual meetings for ASCLS-Michigan, Ohio and Indiana. I have conducted leadership training workshops, Region IV council meetings, Region IV caucus meeting and presented hematology lectures. I constantly strive to support and uplift the profession and the members of ASCLS. My goal is to be a mentor to all but especially to the new professionals, students and future leaders. My future plans include the implementation of the Region IV Leadership Academy. During the last two years, we have developed the mission, objectives and educational structure for this project. It is my goal to initiate this project this year and select our first class for the fall of 2015. I have given you my best, worked my hardest and been there to support the mission and purpose of ASCLS. ASCLS, I thank you for this privilege and seek your vote for re-election to continue the work I have begun.

Office: Region IV Director



#### **Catherine Shaffner**

**City/State:** Perrysburg, Ohio

**Member:** Since 1994

**Education:** Masters in Organizational Leadership, Business Administration, Lourdes University BS, Medical Technology, Bowling Green State University

**Certification:** MLS(ASCP)<sup>CM</sup>, SH(ASCP)

**Employment:** Education Coordinator, ProMedica Laboratories, Toledo, OH, and MLS Program Director, The University of Toledo, Toledo, OH

#### **Society Participation:**

**STATE:** 2009-present, Member; Vice-chair; chair LDC; 2011-2012, Member, Bylaws; 2009-2012, Steering Committee Member; 2009, 2010, 2011, 2012, 2013, 2014, Chair; ASCLS-Ohio Collaborative Laboratory Conference (CLC); 2010-present, Treasurer, for CLC; 2010-2011, Past-President, ASCLS; 2009-2012: Steering Committee, Member Publicity and Promotions, Chair, 2009, Speaker at CLC; 2006-current, Board, President, Past President, Treasurer: ASCLS-Ohio

**REGIONAL:** 2008-Present: Chair; Speaker, Region IV Leadership Conference; 2007-2011, Member; Secretary; Council Chair: CLS Region IV

**NATIONAL:** 2011-2012, 2009-2011, 2007-Current: Chair, Vice Chair, Member: LDC; 2011-Current, Member, Alpha Mu Tau Nominations Committee; 2014, 2013, 2011, 2010, 2009, Attendee, Delegate, Sergeant At Arms, ASCLS House of Delegates; Speaker, ASCLS Annual Conference; 2011, Attendee, Legislative Symposium; 2009-2012, Committee Member: ASCLS Millennial Retention; 2007-Current, Member; Consumer Response Team; 2015, 2014, 2013, 2012, 2009, 2007, Co-Chair, Speaker, Attendee: CLEC; 2008-Current, Member, SA (Education and Hematology); 2005-2007, Committee Member, MSC

#### **Statement of Philosophy:**

I have been a laboratory professional and a member of ASCLS for many years. ASCLS has had not only a great impact on my career and career choices but also my personal life. The professionals I have met through this society are a tremendous asset in my personal and professional growth. One goal as

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Region IV Director From Page 8  
Catherine Shaffner

Region IV Director would be to continue to promote ASCLS within all laboratories and academia and continue to reach out to the new professional members. Having these newer members, either students or professionals with just a couple of years' experience, is as invaluable now as it was 25 years ago. If we are to continue to grow, continue to be a presence within health care, continue to survive, we need to continue to mentor these professionals. There are so many ways to serve within ASCLS and I appreciate every opportunity I have been given. I have had the privilege of being asked to participate, to belong and have met so many dedicated professionals throughout my ASCLS life I know that it has only helped me develop into the professional I am today. I believe that I have the necessary skills and passion and welcome the opportunity to serve!

### Office: Region V Director



#### Susan Stalewski

**City/State:** West Milwaukee, WI  
**Member:** Since 2000  
**Education:** B.S., Medical Technology, University of WI-Milwaukee MBA, Business, Keller Graduate School  
**Certification:** MLS (ASCP)<sup>CM</sup>

#### Society Participation:

**STATE:** 2009 – Present, Member, Vice-Chair, Chair, Membership Development Committee; 2003-present, Chair, Annual Convention student poster event; 2008 –2011, President-Elect, President, Past President, WI State Society; 2012–2014, Board of Directors, WI State Society; 2012–Present, Chair, Membership Committee; 2005–2008, Chair, Awards Committee; 2002–2008, Secretary of WI State Society.

**REGIONAL:** 2008 – 2010, Member, Region V Leadership Council (as President-Elect, President of ASCLS-WI)

**NATIONAL:** 2012–Present, Vice Chair, Chair, Education Scientific Assembly; 2012– Present, Delegate to ASCLS Annual Meeting; 2003 – 2009, 2011 – 2015, Attend CLEC Meeting; 2009, Attend ASCLS Legislative Symposium; 2015, Member, BOC Task Force.

#### Statement of Philosophy:

My leadership style is to help others accomplish work and trust that people do the right thing, make the right decision, and make choices that, while not exactly what I would do, will work. As an ASCLS Region Director, I will value people above all else. Every member will feel important; a part of something larger than themselves. I will work with all to generate enthusiasm and commitment for our society and profession. Together, we will determine what makes us strong and effective, and together, implement those goals and actions. Work and study in Interprofessional Education and Interprofessional Practice have taught me that establishing clear expectations for performance, communication, and respect for others is essential if people and groups are to work together. The objectives of IPE and IPP can be applied within a diverse group such as Region V, and I plan to take advantage of this expertise in support of my colleagues. One size never fits all; still, I am confident that the leaders and members of Region V can find the common ground where our goals and initiatives intersect and we can grow stronger together for the benefit of ASCLS and our profession.

### Office: Region V Director



#### Pat Tille

**City/State:** Sioux Falls, SD  
**Member:** Since 1992  
**Education:** B.S. Biology, University of Sioux Falls; Ph.D. Biomedical Sciences, Sanford School of Medicine  
**Certification:** MLS(ASCP)<sup>CM</sup>

**Employment:** Program Director, Medical Laboratory Science, South Dakota State University, Brookings, South Dakota.

#### Society Participation:

**STATE:** 2009-2014, Attend all State meetings; 2009-2014, Member, Vice Chair, Chair, Membership Development Committee; 2012, Chair ASCLS-SD Spring Meeting; 2012, ASCLS-SD President Elect; 2013, ASCLS-SD President; 2013, SA Chair Microbiology ASCLS-SD; 2014, Chair, Molecular Diagnostics ASCLS-SD

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*Region V Director From Page 9*  
*Pat Tille*

**REGIONAL:** 2011-2014, Attend all ASCLS Region V Meetings; 2013-Present, Member of ASCLS-SD Region V President's Council; 2013, ASCLS Region V Vice Chair Annual Meeting; 2014, Chair ASCLS-SD Region V Annual Meeting.

**NATIONAL:** 2004-2014, Attended ASCLS Annual Meeting; 2014, Chair ASCLS Bylaws Committee; 2011-2012, Co-Coordinator, ASCLS Scientific Assembly; 2009-2010, Chair, Molecular Diagnostics SA; 2011-2012, Scientific "Editor", assisted Cheryl Caskey with scientific articles for ASCLS Today; 2012-present, Consulting Editor, CLS Journal, 2012-2013, Reviewer/Judge, Members Posters; 2013, Principle Investigator, ASCLS E & R Grant; 2011-present, Member, Nominations Committee (2014) Alpha Mu Tau Fraternity; 2009-present, Attend CLEC, Participate as Speaker on several occasions

#### **Statement of Philosophy:**

As a member for 22 years, my philosophy stems from early involvement as the ASCLS-SD Student forum representative. The essence of ASCLS is the grass-root membership. The Board of Directors should be strong in the leadership. Sometimes tough decisions are needed. It is important to move the society forward in the best interest of the membership. I believe that laboratory science should present a united front. I support initiatives that the Board and membership feel are important to pull our resources together. Lastly, as a three time state president, each time the membership in our state society grew. I have recruited and involved new members. Our generations are different, but the young individuals in our society are capable, interested and should be encouraged to seek opportunities of leadership. My goals would be simple; 1. Continue to mentor the new members for sustainability and growth; 2. Work with the state, regional and national boards to support initiatives to expand educational funding for laboratory programs, as well as input and influence critical issues that affect the laboratory (ACA, Reimbursement and Medicare); and 3. To be responsive to change and vision to move ASCLS forward because...Members Matter.

Office: Region VI Director



**Kim Von Ahsen**

**City/State:** Des Moines, IA

**Member:** Since 2004

**Education:** A.A.S. Medical Laboratory Technology, Des Moines Area Community College; B.L.S. Liberal Science, Iowa State University; M.H.A.

Health Care Administration, University of Phoenix.

**Certification:** MLT(ASCP)<sup>CM</sup>, MLS(ASCP)<sup>CM</sup>

**Employment:** Manager of Client Services, Clinical Laboratory, UnityPoint Health, Des Moines, IA

#### **Society Participation:**

**STATE:** 2010, Past President; P.A.C.E.® Coordinator; 2011-2012, P.A.C.E.® Coordinator, Webmaster; 2010-2014, Attended Annual Business Meeting

**REGIONAL:** 2011-2014, Region VI Secretary, 2011, Rho Sigma Award; 2011-2014, Attended Region VI Council; 2011-2014, Attended Region VI Caucus

**NATIONAL:** 2010-2011, P.A.C.E.® Committee, Chair/Delegate; 2012, CLMA-ASCLS Regional Taskforce Member/Delegate; 2013, Leadership Academy Committee, Vice Chair/Delegate; 2014 Leadership Academy Committee, Chair/Delegate; 2010, 2014, Omicron Sigma Award; 2010-2014, ASCLS Annual Meeting

#### **Statement of Philosophy:**

Pablo Picasso said "Action is the foundational key to all success". For ASCLS to continue to be THE successful professional society for clinical laboratory professionals, we must continue with our actions to advocate for our profession, to build our membership, meet the needs of all our members, and to set forth the laboratory standards that ensure the highest quality professionals and safety for the patients we serve. I firmly believe that ASCLS has enabled me to grow into the laboratory leader I am today. It has been through my involvement at the state, regional, and national levels that I recognize my duty to be an advocate for the clinical laboratory profession. This advocacy begins with my voice and the guiding vision of ASCLS; all placed into action to serve as the Region VI Director; to provide leadership, so that

*Continued on Page 11*

Region VI Director From Page 10  
Kim Von Ahsen

ASCLS will continue to be the preeminent laboratory organization representing laboratory personnel. As Region Director, I will lead, mentor, and be a liaison to and for the state societies within Region VI along with representing the members of ASCLS on the national level; to be the foundation of action that will lead to ASCLS' continued success!

### Nominations Committee - 3 Year Term



#### Angela Phillips

City/State: Memphis, TN  
Member: Since 2003  
Education: B.S., Medical Technology, University of Tennessee Health Science Center MS, Public Health, Walden University

Certification: MLS(ASCP)<sup>CM</sup>

**Employment:** Apheresis Technologist, St. Jude Children's Research Hospital Memphis, TN

#### Society Participation:

**STATE:** 2009 – Present, Member; Vice-Chair; Chair, Membership Development Committee; 2008-2010, Member, Officer, President; 2010-2011, Member, Officer, Past President; 2010 Member of the Year

**REGIONAL:** 2007–2010, Region Council Member; 2009–2010 Omicron Sigma

**NATIONAL:** 2005–2014, Attendance at Annual Meeting; 2008–2014, Member of Government Affairs Committee; 2013–2014 Co-Vice Chair, Government Affairs Committee

#### Statement of Philosophy:

I feel that the Nominations Committee is critical to the needs of the society as a whole, since it is tasked with finding candidates for the offices of President-Elect, Secretary/Treasurer, Nominations Committee, Judicial Committee and the various Regional Directors, who in turn are liaisons to the various committees. I have been a member of several committees during my time in ASCLS and have seen firsthand how valuable the elected officers have been, helping the committees running smoothly and being a valuable resource to link them to the Board. I feel that my knowledge of the committees and local, state, and region activities

would give me the experience that I would need to serve on the nominations committee, and I also believe that as a newer member of ASCLS, I would be able to assist in nominating those members with fresh eyes and ideas who can work with every member to take the society into the future.

### Nominations Committee - 3 Year Term



#### Rebecca Rogers

**City/State:** Memphis, Tennessee

**Member:** Since 2002

**Education:** BS: Microbiology, Mississippi University for Women

BS: Medical Technology, UT Memphis MS: Clinical

Laboratory Science, UT Memphis

**Certification:** MLS(ASCP)<sup>CM</sup>

**Employment:** Evening Shift Supervisor, Department of Pathology St. Jude Children's Research Hospital, Memphis, TN

#### Society Participation:

**STATE:** 2009–Present: Member; Vice-Chair; Chair: Membership Development Committee; 2014-15: Past-president: ASCLS-TN; 2013-14: President, Co-chair ASCLS-TN TALC Planning Committee; 2012-13, President-elect, ASCLS-TN; 2011-12, Chair, ASCLS-MS/TN/Louisiana Tri-State Laboratory Conference Exhibit Committee; 2010-11: Secretary, ASCLS-TN; 2009-10: Secretary, Chair, ASCLS-TN TALC Exhibit Committee

**REGIONAL:** 2012-14: Member: Region III Council; 2010-11: Chair: Region III Triennial Meeting Exhibit Committee

**NATIONAL:** 2014-15: Vice Chair: Leadership Academy Committee; 2011-14: Trustee - E & R Fund Board; 2013-14, Member - Leadership Academy Committee, 2009 -2014 Delegate or Alternate, ASCLS Annual Meeting; 2009-2014, Attended Legislative Symposium; 2009-13, Chair - Social Networking Task Force; 2012-13, Chair: ASCLS New Professional Committee Restructuring Task Force; 2012 and 2010, Member: House of Delegates Minutes Committee; 2011-12, Member - ASCLS Student Forum Elections Task Force and Member - ASCLS/CLMA Merger Offerings Workgroup; 2010-11, Member: ASCLS Professional Response Team; 2010, Attended CLEC

Continued on Page 12

*Nominations Committee From Page 11*  
 Rebecca Rogers

### Statement of Philosophy:

I believe that the survival of ASCLS in the very immediate present and future is 100% dependant on its ability as an organization to be attractive to members, new and old alike. Membership numbers have hit a low that we have been unable to reverse, and the direct cause is our leadership. We do not have poor leadership by any means, but we have extremely overworked and overcommitted leadership who cannot realistically manage the sheer volume of duties that are required to turn our declining membership around. One of the first steps to finding a solution that will work for ASCLS is finding the leaders who will acknowledge our current state of affairs and still have the passion, desire, ideas and the courage (and time!) to stick with their ideas long enough to see them through. We need leaders that can bring strength to the organization and revitalize our membership. I feel the members serving on the nominations committee play a very important role in finding those leaders, and I would be honored to serve the society in that capacity.

### Nominations Committee - 1 Year Term



### Debra Faubion

**City/State:** Galveston, TX

**Member:** Since 1982

**Education:** B.S., Biology, Southwest Texas State University MA, Higher Education, University of Houston, Clear Lake

**Certification:** MLS (ASCP)<sup>CM</sup>

**Employment:** Account Manager, Diagnostics Stago, Parsippany, NJ

### Society Participation:

**STATE:** 2015 - Board of Directors of TACLS; Exhibits Chair for TACLS Annual Meeting

### REGIONAL:

**NATIONAL:** 2010 – Present, Member of Annual ASCLS Meeting Steering Committee; Attend ASCLS Legislative Symposium; Delegate to the ASCLS Annual Meeting in 2011, 2012, 2014, and Alternate 2013

### Statement of Philosophy:

I would be proud to serve ASCLS as a member of the Nominations Committee. As an ASCLS member for many years, I have served ASCLS in a variety of positions and can help recruit leaders who share the ASCLS Vision and will be our Voice to lead us in the coming years.

### Judicial Committee



### Rick Panning

**City/State:** Shoreview, MN

**Member:** Since 1975

**Education:** B.S., Clinical Laboratory Science, Mankato State University MBA, Business Administration, University of St. Thomas Doctorate (in Progress), Business Administration, Metropolitan State University

**Certification:** MLS(ASCP)<sup>CM</sup>

**Employment:** Senior Administrative Director, Health Partners and Park Nicolett Care Group Laboratories, Bloomington, MN.

### Society Participation:

**STATE:** 2005-2014 Co-Chair Minnesota Licensure Coalition, 2009-2014 Program Chair and member, ASCLS-MN Collaborative Spring meeting

**REGIONAL:** 2003-2006 Region V Director, 2008-2011 GAC Liaison Region V Council, 2014-present Member Region V Leadership Academy Committee

**NATIONAL:** 2003-2006 Region V Director; 2006-2009 ASCLS Presidential officer (President-Elect, President, Past-President); 2009-present Member, Vice-chair, and Chair GAC; 2007-present ASCLS Representative, Vice-chair, Chair, and Past-chair CCCLW; 2009-2012 Member, Futures Task Force; 2008-present Member, Patient Safety Committee; 2011-2012 Member, Healthcare Reform Position Paper Task Force; 2011-2012 Chair, Value of the Lab Position Paper Task Force; 2013-2015 Chair, Advanced Management Institute Planning Committee; 2014-2016 Vice-Chair, Administration Scientific Assembly.

### Statement of Philosophy:

As a member of the ASCLS Judicial Committee I believe I can be of service as the committee is

*Continued on Page 13*

*Judicial Committee From Page 12*  
*Rick Panning*

asked to render opinions related to the bylaws of the national and constituent societies. I believe that having been a member since 1975 I bring a breadth of experience within ASCLS at the constituent society, regional and national level and can provide perspective of both time and diverse experience. I also believe, that as a professional society, we are at an important crossroads for our future. ASCLS, like other professional organizations in our industry, will need to look at structural and organization changes, and the judicial committee may need to be prepared to review and provide decisions related to the associated bylaws of the organization.



### Cathy Otto

City/State: Edmonds, WA  
 Member: Since 1980  
 Education: B.S. Microbiology, Oregon State University; B.S. Medical Technology, Oregon Health Sciences University; M.B.A., Business Administration, Portland State University; Ph.D., Law, Policy & Society: Health

Policy, Northeastern University

**Certification:** MLS(ASCP)<sup>CM</sup>, SH(ASCP)<sup>CM</sup>, DLM(ASCP)<sup>CM</sup>

**Employment:** Dean, Health Occupations, Physical Education and Business, Shoreline Community College, Shoreline, Washington

#### **Society Participation:**

**STATE:** 2013-2014, Board Member, ASCLS-MD; 2003-2010, Chair, ASCLS-OR Government Affairs Committee; 2003-2006, Chair, ASCLS-OR Judicial Committee,

**REGIONAL:** 2014, Planning Committee, Region II Meeting; 2005-2006, General Chair, Northwest Medical Laboratory Symposium (Region IX), 2005-2006

**NATIONAL:** 2013-Present, Chair, Patient Safety Committee; 2013-Present, Member, Advanced Management Planning Institute; 2012-Present, Chief Delegate, Representative to International Federation of Biomedical Laboratory Science; 2013-2014, Member,

Nominations Committee; 2012-2013, Past President, ASCLS; 2011-2012, President, ASCLS; 2010-2011, President-elect, ASCLS; 2008-2010, Chair Patient Safety Committee; 2006-2008, Chair, Patient Safety Task Force; 2009-2010, Member, Professional Standards Ad Hoc Committee; 2005-2007, Chair, Product Development Committee

#### **Statement of Philosophy:**

The Judicial Committee is one of ASCLS' most important, yet unheralded committees. Among its many responsibilities, its purpose is to insure elections are conducted in an impartial manner, to adjudicate member concerns according to Bylaws and Standard Operating Procedures, and to investigate matters referred for its consideration. This Committee's activities do not warrant a vision from its members however, it does require each member to maintain unbiased, thoughtful attention to interpretation of the Bylaws, Standard Operating Procedures and appropriate examination of all investigations. Completing this Committee's activities requires each member perform their duties with high ethical standards. I believe the combination of my 35 years of leadership experience at all levels of the Society, including President of ASCLS, and my leadership positions in the clinical laboratory and academia are excellent qualifications to serve on this important committee. I completed numerous unbiased and thoughtful examinations of situations using policies, standards and procedures in my clinical laboratory and academic leadership positions. If elected I promise to ensure that all matters brought before the Judicial Committee are evaluated with utmost care, consideration and competence.



*To the Dogs**From Page 3*

It takes a team to test the teams.

There are sample collection locations across the state. The lab draws are collected by volunteer veterinary techs, and then sent to the PAMC lab. It takes an hour or two to process each team at the collection site, and another hour or two for the laboratory personnel to label and process the samples once they are received. They are then routed to chemistry and hematology where the testing is performed, and the results are reviewed and released to both the Iditarod head veterinarian and to the dog sled musher. The head veterinarian will make a decision as to whether each dog is healthy enough to race, or ask for a new sample to repeat a test. One thing the Iditarod does not ask PAMC to test for is performance enhancing drugs.

Dog blood isn't quite the same as human blood. The medical laboratory personnel do have some issues testing the samples. During the month of February one hematology analyzer is solely dedicated to testing canine samples, as the analyzer needs special cleaning afterward since the blood is more viscous than human blood, and it tends to clog up the lines. H&H check-fails and unusual anion gaps are par for the course; these samples just don't fit human reference ranges. But the laboratories are used to the instruments alarming and erroneous reports printing off. If anything, they enjoy getting to know these remarkable athletes from the inside-out, and consider the minor inconveniences just another aspect of life in Alaska. The laboratory seems a little brighter each day during the dark month of February when the dog samples arrive.

Most Alaskans know the names of Jeff King, Lance Mackey, Martin Buser and Dee Dee Jonrowe, all

famous mushers; to a mushing enthusiast these names are as familiar as Tom Brady, Alex Rodriguez, and Kobe Bryant. But names like Banjo, Dracula, Rebel, Rapper, Gouda, Brie, Rock, and Roll – these are the real athletes, and these are the names by which the people at Providence remember the Iditarod.

A wall in the PAMC core laboratory is covered with framed and autographed photos of the Iditarod winning mushers and their dogs for the past several years. Thank you cards from the mushers start arriving in the mail after each race finishes, and are posted on the break room bulletin board.

What PAMC does makes a difference to the mushers. These dogs are family to them. The mushers have the peace of mind that their dogs are healthy year after year prior to undertaking this strenuous race. One musher saves her laboratory reports for all of her racing dogs. Sometimes, when a dog retires from her team, they are adopted by a loving family and the musher provides the family with a folder of all of the dog's lab work over the years of racing; that way they will know the good health of the dog for themselves.

PAMC first became involved with the Iditarod in 1997. Due in part to the testing PAMC provides it is exceptionally rare for a dog to die from a health issue during the race. The health of the dogs is so important to the Iditarod they receive a more comprehensive health screen than do their human counterparts. The PAMC laboratory is proud to be a part of this uniquely Alaskan event, and proud to make a difference for all 80 teams who raced this year in "The Last Great Race on Earth." *Special thanks to James Atwell, Manager of Technical Services at PAMC Laboratory.*

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*"Cat Lady"**From Page 3*

Infections in immunosuppressed patients can be more serious. Asplenic individuals, post-surgical patients, renal dialysis patients, individuals with cirrhosis, those with underlying lung disease, pregnancy, malignancy, older age, corticosteroid users, diabetics, and persons with rheumatoid arthritis have been reported as having more severe *Pasteurella* infections.<sup>1-7</sup>

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*President's Message From Page 2*

Joint Commission's Laboratory Professional and Technical Advisory Committee (PTAC), where our ASCLS representative, Bill Hunt from Pennsylvania, is the Chair.

In addition to ASCLS working with healthcare organizations, the time is ripe for us as individuals to step forward and assert ourselves as vital members of the healthcare team at our workplace. Let's stretch beyond the walls of our laboratories and develop professional relationships with physicians, nurses, and other patient care providers. Our vision for the clinical laboratory science profession includes the academically prepared Doctorate in Clinical Laboratory Science (DCLS), which focuses on advanced clinical practice and interaction with other healthcare professionals. However, DCLSs are not the only laboratory professionals who can interact with the physicians and nurses. Many of you already work closely with your physicians and provide needed laboratory information and test interpretation. Taking a more active role in the healthcare system will provide more efficient delivery of care, starting with better test utilization. Let's be sure the right test is performed at the right time on the right person. To borrow the slogan from the Patient Safety Committee, it is up to US!

The best part of all of these collaborations – within the laboratory community and beyond the laboratory community - is that working together, we are able to solve problems, and even spur innovation. ASCLS is committed to being the voice and vision of the clinical laboratory science profession, and representing the interests of our members. I have

only mentioned a few of the many members who have stepped up to help ASCLS be a collaborative force in the healthcare industry. We owe a debt of thanks to the ASCLS staff and the many ASCLS members, for understanding the value of these collaborations, and working tirelessly on our behalf.

*Interprofessional From Page 5*

patient interaction, but that doesn't mean we don't make a difference. Interprofessional teams allow skilled laboratorians to provide their extensive knowledge and aid in determining the best course of action for the patient. Ultimately, the more the health care community can embrace interprofessional teams, the more we can do for the patient.





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