



# ASCLS TODAY

LAST  
ISSUE

if you have  
not renewed!

American Society for Clinical Laboratory Science

October 2015 Volume XXIX, Number 9

## ASCLS 2015 LEADERSHIP OPENINGS

Bill Hunt, ASCLS Nominations Committee Chair  
2015-16

One of the responsibilities of the ASCLS Delegates to the Annual Meeting is to choose from the candidates who have volunteered to serve in the leadership positions for the coming year. This is one of the many benefits of belonging to your ASCLS grass roots organization: being able to both VOTE FOR, and BE CONSIDERED AS A CANDIDATE FOR, these positions.

The Nominations Committee is charged with "presenting no less than two (2) nominees for each position under consideration." Your Nominations Committee needs your help to achieve this charge.

Please review the leadership positions that will be open in 2016, and consider putting your name forward for a position, or recommending other members for the positions. Self nominations are very welcome. Please send your name and the position you are interested in, or your recommendation of a fellow member for a position, to the ASCLS Nominations Committee Chair, at [William.hunt@uphs.upenn.edu](mailto:William.hunt@uphs.upenn.edu).

### Leadership positions to be elected by the 2015 ASCLS Delegates are:

**President-elect** (3 year commitment, automatically succeeding to President and Past President)

**Eligibility:** Professional and emeritus members of this Society are eligible to hold office provided they have been a member for at least five (5) consecutive years immediately prior to election, and have held office or membership on the Board of Directors either in this Society or in a constituent society, and must have been a Delegate to the National Meeting three (3) of the last five (5) years.

**Duties:** Become familiar with the duties of the

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## OUR COLLECTIVE RESPONSIBILITY OPPORTUNITIES TO VOLUNTEER

Suzanne Campbell  
ASCLS President-Elect

If you attended the 2015 ASCLS Annual Meeting and my president-elect candidate speech, then you will remember my talking points of the three Cs or C3. The three Cs are communication, commitment and collective responsibility. Even though we are just getting started with newly elected officers and committee members, it is now time to consider your commitment and sense of collective responsibility for the 2016-2017 year.

Your commitment to continue or newly volunteer to be an active member of an ASCLS committee or as a ASCLS representative to affiliate organizations is needed to ensure continued success of our professional organization. By participating in one of these roles, you will develop in-depth knowledge of the important work our committees perform, develop leadership skills, and increase your networking opportunities with colleagues across the nation.

Commitment to serve in one of these roles typically requires attendance on a scheduled (as frequently as monthly) conference call and a few hours of homework in between the calls. Some of the terms are only for one year; while others are a three year

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### Today's Agenda

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## President's Message

*Barbara Snyderman, MLS (ASCP)<sup>CM</sup>DLM<sup>CM</sup>  
ASCLS President 2015-2016*

### DIVERSITY

Di-ver-si-ty: The condition of having or being composed of differing elements and the inclusion of different types of people in a group or organization (Merriam-Webster on line definition). As we all know, the face of our profession has changed in the last few decades, as has the patient population we serve. Diversity no longer pertains to just race, but now includes religious and sexual orientation as part of the community. ASCLS has over 40 years' experience of developing a diverse leadership within the organization.

Past President Glenda Price provided a short history of the diversity efforts within ASCLS. She said that the first informal discussions took place in the early 70's among friends who met every year at the annual meeting. It was in Boston in 1972 that the first formal meeting of what was called the Black Caucus occurred, with the purpose of increasing "the participation of African American members in the work of the organization at the national level," according to Dr. Price. She added that "over time, the group gained recognition, in the sense that a session was added to the convention agenda."

The name of the Black Caucus was changed to the Minorities Forum, and later to The Forum for Concerns of Minorities, to "acknowledge that there are other minority members of the society and their interests should also be kept in the forefront of any discussions." As it grew, the Forum hosted speakers, had a newsletter and sponsored scholarships for African American students. The "intensity and engagement of the Forum diminished over time," Dr. Price said.

Diversity groups have been created at workplaces, schools, and within organizations to recognize the changing face of our country. The Board of ASCLS recognized the need to redefine the Forum for Concerns of Minorities. Last year, Past President Susie Zanto

appointed a task force to explore diversity within ASCLS. The task force was charged with the following:

- Redefine the Forum for the Concerns of Minorities and bring it in alignment with the promotion of all types of diversity within our organization.
- Define diversity as it pertains to the membership of ASCLS
- Develop strategies that will increase the diversity of our membership and leadership

The task force was chaired by Past President Cheryl Caskey. Members of the task force were: Ninive Costa, Dan Olson, Gretchen Brocksmith, Kimaria Baker, Josh Pulido, Alice Hawley, Jasmin Davis, Jimi March Mistler, and Jonathan Gusilatar. They did a tremendous amount of work and presented several motions to the ASCLS Board for consideration at the meeting in Atlanta.

First and foremost, a definition was recommended to the Board. "ASCLS is an inclusive, culturally relevant community of people acknowledging their differences and unique characteristics: it is an organization where all persons can engage and participate in a meaningful way empowering everyone to grow and learn." The definition was passed by the Board and the House of Delegates.

The Task Force recommended that the name of the Forum for the Concerns of Minorities be changed to the Diversity Advocacy Council, and this motion was also passed by the Board.

The Board approved adding a member of the Diversity Advocacy council to the Abstract and Proposal Review Committee, and Dr. Jim Griffith has been approved by the Board since we met in Atlanta. A motion also passed adding sessions on diversity to the Annual

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**ASCLS 2015 Leadership Openings** From Page 1

office of the President; assist the President as directed and in the absence of the President preside at meetings of the Board of Directors; in the event of a vacancy in the office of the President, serve as the President; serve as a member of the Board of Directors and Executive Committee; chair the Committee on Long Range Planning and the Appointments Committee; serve on the Annual Meeting Steering Committee.

**Secretary-Treasurer (3 year term)**

**Eligibility:** Professional and emeritus members of this Society are eligible provided they have been a member for at least five (5) consecutive years immediately prior to election, and have held office or membership on the Board of Directors either in this Society or in a constituent society, and must have been a Delegate to the National Meeting three (3) of the last five (5) years.

**Duties:** The Secretary/Treasurer serves as Secretary at all meetings of the Board of Directors, House of Delegates, and administers the House Minutes Committee. When serving as Treasurer: assures receipt and expenditure of Society funds according to Society policies; ensures that all accounts of the Society are audited annually or as needed; assures annual financial reports are submitted to the House of Delegates; serves as a member of the Board of Directors and the Executive Committee; chairs the Finance Committee of the ASCLS Board of Directors; and serves as a member of committees or as liaison to committees as assigned by the President.

**Region Directors for Regions I, VII, VIII (3 year term)**

**Eligibility:** Professional and emeritus members, who have been members for at least five (5) consecutive years prior to election, are eligible for election to the Board of Directors of the Society. Additionally, they must have held office or membership on the Board of Directors of the Society or in a constituent society. Regional Director candidates must have attended at least two (2) regional council meetings in the last five years and must have been a Delegate to the National Meeting three (3) of the last five (5) years.

**Duties:** Serves as coordinator of constituent society activities within defined regions; acts as the representative from the respective constituent societies to the Board of Directors; represents the Board of Directors to constituents; facilitates communication among the Board of Directors, Regional Council and constituent societies; serves as a member of the Board of Directors; may serve as a member of the Executive Committee or other Board Committees and serves as a member of committees or as liaison to committees as assigned by the President.

**Judicial Committee (one position, 5 year term)**

**Eligibility:** Professional or emeritus members of the Society are eligible who have served this Society previously as an officer, director, or presiding official of the Bylaws Committee of this Society.

**Duties:** An impartial body to investigate or deliberate matters referred for its consideration; to test facts against the Bylaws of this Society or against common standards of justice and fair play; and to render opinions as recommendations for action of the Society.

**Nominations Committee (two 3 year term positions; one 1 year special term)**

**Eligibility:** Professional or emeritus members of this Society who have been active members in the Society for ten (10) years or more prior to election. No officer, director, elected or appointed representative of this Society is eligible. Candidate must have served as a member of a national task force, national committee or the ASCLS Board of Directors within the last five (5) years and have attended three (3) of the last five (5) ASCLS annual meetings, with a preference given to those who have served as delegates.

**Duties:** Publicizes position vacancies; secures nominees and evaluates those nominees as to qualifications and experience to prepare a slate of candidates for election.

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## CONTINUING TO GROW OUR FUTURE LEADERS: THE NINTH LEADERSHIP ACADEMY CLASS

Another very successful year of the ASCLS Leadership Academy (LA) ended at the 2015 Annual Meeting in Atlanta and restarted with the ninth class! The incoming class participated in packed sessions held for a day and a half prior to the Annual Meeting discussing the history of our profession and ASCLS, and learning about their individual leadership and communication styles. The class members had so much to contribute; there is no doubt they will learn a great deal from each other throughout the year. These ladies are already on track to become another great group of emerging leaders for ASCLS. Rebecca Rogers, Chair of Leadership Academy served as faculty and facilitator and ASCLS members Kyle Riding and Lindsey Davenport-Landry also shared their expertise with the group as session instructors.

After the excitement of the Annual Meeting, the 2015-16 Leadership Academy continues. There will be two more face-to-face meetings during the year, at the 2016 Legislative Symposium and the 2016 Annual Meeting in Philadelphia. In addition, a number of conference calls will be held throughout the year and the class is currently establishing a project to work on and present in a session at the ASCLS Annual Meeting in Philly. Curriculum topics include leadership styles, communication, finding your strengths, mentoring, networking, team building, conflict management, advocacy skills, developing new leaders and strategic planning.

This year's class represents four of the ten ASCLS Regions and four different states. They have varying levels of experience in both ASCLS and the profession but all are enthusiastic and ready to prepare themselves to step into leadership positions. Meet the new class:

### Stephanie Noblit: Pennsylvania



Stephanie graduated from the University of the Sciences of Philadelphia in 2014 with a degree in medical laboratory science and completed her MLS internship at Pennsylvania Hospital. Currently she is working at the Hospital of the University of Pennsylvania in the medical toxicology lab. Stephanie became involved with ASCLS when

her program director asked her if she would like to be the ASCLS-PA student representative. During her time as the ASCLS-PA student rep, she applied for a travel grant to the ASCLS Legislative Symposium and won! The Legislative Symposium and all the wonderful people she met there inspired her to stay active in ASCLS. In other words, she became hooked! Since that meeting, Stephanie has taken on more roles within ASCLS on both the state and national level. She is currently one of the ASCLS GAC new professional co-chairs and the ASCLS-PA social media chair. Additionally, Stephanie has been working on creating an ASCLS mentorship program with a fellow new

professional, Sherman Biñas. The ASCLS Board of Directors applauded their efforts and created a mentorship ad hoc committee to help them further their project. Stephanie was named chair of that committee. Outside of work and ASCLS, Stephanie is a blogger for ADVANCE for Laboratory's blog New to the Lab, and she just submitted her first feature article for the site! In her spare time, Stephanie likes to read, run 5ks, and explore Philadelphia.

"I'm so happy to be a part of the LA this year. With the help of the LA, I hope to become the best leader I can be. I want to polish my strengths and identity and improve on my weaknesses. My goal is to gain more confidence in myself not only as a leader, but in all other aspects of my life as well. I want to continue to push myself into new and more challenging leadership roles not only within ASCLS, but also at work and in my personal life. I'm looking forward to working with some of the amazing and inspiring leaders within ASCLS as well as my four classmates. I truly believe we will accomplish something great. I am especially excited to present our project and graduate from the leadership academy in my hometown of Philadelphia!"

*Continued on Page 5*

*Future Leaders From Page 4***Gretchen Brocksmith: Louisiana**

Gretchen grew up in Plaquemine, Louisiana and graduated from Our Lady of the Lake College in Baton Rouge in 2013. She is currently working at Ochsner Medical Center in New Orleans in the Hematology Laboratory. As a student, she was President of the Clinical Laboratory Science Association and voted Louisiana Student Forum Chair. At her

first ASCLS Annual Meeting in Houston, Gretchen was chosen as the Student Representative for the GAC and the Region VII Student Representative (2013-2014). In 2014, she became the New Professional for GAC and still currently holds that role. She was also the New Professional for Louisiana. She was elected Vice-Chair for the New Professional and New Member Forum (NPNMF) for 2014-2015. This year, Gretchen is the chair of the NPNMF, a member of this LA class,

and the Secretary for the Diversity Advocacy Council.

“Being a part of a national society since I was a student has given me a tremendous sense of respect and passion for the profession. I have grown to love ASCLS and all it has provided me, not only as a MLS but as a person. It gives me a better understanding of laboratory procedures and policies and the knowledge that I have a voice to change the ways of the laboratory for the betterment of the patient and the profession. Being accepted into the Leadership Academy is a great honor. I feel it will give me the necessary tools I need to grow as a Medical Laboratory Scientist in our society and in my career. I do strive to be the best person I can be and I believe the LA will enhance my strengths and strengthen my weaknesses. I have a lot to learn about being a leader and look to past graduates and other leaders in our society to gain knowledge and the skills to better myself.”

**Kemorine Roberts: Georgia**

Kemorine currently works at the Eggleston Campus of Children’s Healthcare of Atlanta in Atlanta, GA and is the Lead Technologist for the Hematology Department. She is the most recent New Professional Representative for the state of Georgia and will transition to the position of Treasurer in the coming year. In addition to these state roles, Kemorine is also the Region III representative for the Political

Action Committee. In her spare time, Kemorine likes to go on hiking trips with her husband.

“Having this wonderful opportunity to grow as a leader, professionally and within ASCLS, means so much to me. Over the last few years, I have been on a personal journey to learn more about myself and the qualities I have as a leader. With acceptance into the ASCLS Leadership Academy, I hope to hone in more on those qualities and gain new skills that will help me to become a better problem solver overall. Recently, I have found that being a good leader is not just about finding the solution to a problem. The way in which the issue is resolved is equally important, especially when it affects a larger group of people. Working with this group, we can all learn so much from each other’s experiences. I feel this will be a great year for us all.”

**Renee Sutton: Michigan**

Renee is currently working as the shift lead for the Blood Bank at St. John Hospital and Medical Center in Detroit, MI, as well as writing a bi-monthly newsletter for St. John Providence Laboratories. She has been an active ASCLS member since 2012. Renee has previously served as both Student Forum Representative

and New Professional Representative, and she is now serving as District 3 Representative for ASCLS-MI. She is also working on the 2016 Michigan Annual Meeting

planning committee as Program Co-Chair. Outside of her work and ASCLS responsibilities, Renee spends most of her time running around after her two sons, watching sports with her husband (especially baseball and football), listening to country music, and reading whatever lighthearted romance novels she can find. Renee is especially proud to be a graduate of Oakland University and an alumnus of the University of Michigan.

“I am extremely honored to be a part of this Leadership Academy class. I am excited to spend the next year

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## THE NINTH LEADERSHIP ACADEMY CLASS

**Renee Sutton: Michigan** *Continued From Page 5*  
working with this wonderful group of women, and I know we'll make ASCLS proud. With all the contributions this group has already made to our society, I know we are destined for great things. I look forward to learning from my classmates and Rebecca, and I know this will be one of the most worthwhile experiences of my career. I'm thrilled to be the next in a long line of LA graduates from the great state of Michigan!"

### Karen Williams: Louisiana



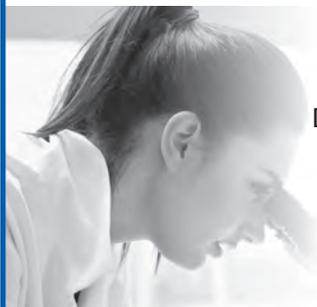
Karen graduated from Louisiana Tech University with a Bachelor's of Science Degree in Medical Technology in 2003. She immediately began working at St. Francis Medical Center (SFMC) in Monroe, Louisiana in Microbiology and later cross-trained in Hematology. In 2010, she transitioned to Microbiology Supervisor at E.A. Conway Medical Center (now known as University Health Conway) and in 2012 she accepted her current position of Quality Generalist. Karen stayed on at SFMC as a PRN hematology tech. She also serves as an adjunct faculty member teaching Microbiology at University of Louisiana

in Monroe. Karen has been a member of ASCLS since she was a student in 2003. She has served as LSCLS Awards Chair and currently serves as LSCLS President-Elect.

"I am excited to see all of the opportunities the Leadership Academy will provide me. I have been a member of ASCLS since I was a student. Leadership Academy will give me the opportunity to discover and define who I am as a leader. This will allow me to make a positive impact not only for ASCLS, but for our profession as a whole. Participation in Leadership Academy will provide me with a broad network of laboratory professionals to rely on. This network is essential for success and growth in the profession. I am honored to be a part of the 2015-2016 ASCLS Leadership Academy." .....



## CLINICAL LAB INVESTIGATIONS: CASE STUDIES FOR THE LABORATORY PROFESSIONAL



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## THE ASCLS SCIENTIFIC RESEARCH AWARD

The purpose of the ASCLS Scientific Research Award is to recognize and encourage the development of scientific research in the field of clinical laboratory science **within the past two years**. Examples may include, but are not limited to: new test methodology, reagent development, test development, quality assurance, quality control program development, and instrument development. (This does not include research projects involving creative innovations and materials which fall under the Theriot Award for Development of Significant Materials.)

**The postmark deadline for the application is February 15, 2016 (no exceptions).** Entries must be submitted on the official ASCLS Scientific Award application form, typed and emailed to [awards@ascls.org](mailto:awards@ascls.org). Entries, guidelines, and judging criteria are available on the ASCLS website: [awards@ascls.orghttp://www.ascls.org/about-us/scholarships-and-awards-celebrate](http://www.ascls.org/about-us/scholarships-and-awards-celebrate). The Awards Committee contact for this award is Lacey Campbell at [laceyanncampbell@gmail.com](mailto:laceyanncampbell@gmail.com) or [Gilma.Roncancio-Weemer@hshs.org](mailto:Gilma.Roncancio-Weemer@hshs.org).

## THERIOT AWARD FOR DEVELOPMENT OF SIGNIFICANT MATERIALS IN MEDIA AND EQUIPMENT

The Theriot Award was established to honor the memory of the late Betty Lynne Theriot (1954-1997). It recognizes and encourages the development of significant materials in the areas of media and equipment. Betty was not only an innovator in education; she was also a business woman, author, editor and program director.

All ASCLS members who have developed materials in the area of media and/or equipment, or provided the idea for such items are eligible for the award. Moreover, any organized group that has developed media or equipment, or provided the idea for the items and is sponsored by an ASCLS member will be considered for this award. If you are such an individual or group (or know of one), or need additional information please visit: [awards@ascls.org](mailto:awards@ascls.org) <http://www.ascls.org/about-us/scholarships-and-awards-celebrate> for complete rules and instructions.

**The postmark deadline for the application is February 15, 2016 (no exceptions).** This is a great way to give recognition to yourself or your peers so get your application today or sponsor someone to [awards@ascls.org](mailto:awards@ascls.org). For additional information regarding this award, the contacts are Lacey Campbell at [laceyanncampbell@gmail.com](mailto:laceyanncampbell@gmail.com) or [Gilma.Roncancio-Weemer@hshs.org](mailto:Gilma.Roncancio-Weemer@hshs.org).

## ASCLS CONSTITUENT SOCIETY OR ASCLS AFFILIATED GROUP PUBLICATION AWARD

The purpose of these publication awards is to recognize excellence in a constituent society's or other ASCLS affiliated groups (e.g., Student Forum or New Professionals New Member Forum) publication/newsletter. Awards are given in three (3) categories: 1) paper-based version with black and white print; 2) paper-based version with color print; and, 3) true web-based newsletters with associated links, animations, etc. The paper-based versions include copies of static paper newsletters posted on a website.

**The postmark deadline for the application is February 15, 2016 (no exceptions).** Entries must be submitted by email, [awards@ascls.org](mailto:awards@ascls.org), on the official ASCLS Publication Award application form. Entries, guidelines, applications, and judging criteria are available on the ASCLS website: [awards@ascls.orghttp://www.ascls.org/about-us/scholarships-and-awards-celebrate](http://www.ascls.org/about-us/scholarships-and-awards-celebrate). Your Awards Committee contacts are [ajacinto@llu.edu](mailto:ajacinto@llu.edu) or [Gilma.Roncancio-Weemer@hshs.org](mailto:Gilma.Roncancio-Weemer@hshs.org).

Good luck to all nominees and we look forward to hearing from you.

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## ASCLS SCIENTIFIC ASSEMBLY BIO-RAD PROFESSIONAL ACHIEVEMENT AWARDS

The BioRad Professional Achievement Award is to recognize the outstanding professional achievement of an individual ASCLS member within his or her chosen area of academic, scientific or vocational interest over a minimum of 10 years. The award for each Scientific Assembly section will be based on specific measurable contributions through evidence submitted to the judges. The chair of each Scientific Assembly section is responsible for appointing an Awards subcommittee to select the winner.

The nominator completes the nomination form and forwards it with an application form to the nominee. Forms can be found at: [awards@ascls.org](mailto:awards@ascls.org)<http://www.ascls.org/about-us/scholarships-and-awards-celebrate>. The nominee must complete the application form and submit a signed copy electronically to the ASCLS Awards Committee at [awards@ascls.org](mailto:awards@ascls.org). Your Awards Committee contact is Lisa Hochstein at [hochstel@stjohns.edu](mailto:hochstel@stjohns.edu).

**The postmark deadline for the application is February 15, 2016 (no exceptions).** Entries must be submitted on the official ASCLS Scientific Assembly Bio-Rad Professional Achievement Award application form. Entries, guidelines, and judging criteria are available at the website mentioned above. •••••



### NEW PROFESSIONAL AND NEW MEMBER FORUM SPOTLIGHT - JONATHAN GUSILATAR

Each month the New Professional and New Member Forum will be showcasing a member of our forum who exhibits pride in ASCLS and demonstrates hard work and leadership in his/her career. This month we are pleased to announce our first spotlight: **Jonathan Gusilatar**.

Jonathan lives in Auburn Hills, MI. He graduated with a degree in Biomedical Diagnostic and Therapeutic Science with Specialization in Medical Laboratory Science in 2012 from Oakland University in Rochester, MI. He has been quite involved with ASCLS. He recently graduated from the Leadership Academy in 2015. He was on the Diversity Taskforce, Region IV New Professional Communication Coordinator, ASCLS-MI Student Affairs Chair and also on the Annual Meeting Planning Committee. Currently, Jonathan is the Chair of the Diversity Advocacy Council (DAC), the New Professional for P.A.C.E.®, DAC Representative on the Membership Committee, ASCLS-MI District Representative and on the Annual Meeting Planning Committee.

He currently works at St. John Macomb-Oakland Hospital, Warren Campus in Warren, MI as the Operations Coordinator (Supervisor), Off-Shift. Some of his hobbies include spontaneous adventures, mountain biking, yoga and great food!

“ASCLS provides a dynamic representation for the medical laboratory profession. ASCLS provided me with extensive resources when I was a student and now, as a new professional through continuing education and scholarship programs. I have been lucky to find dedicated mentors and an extensive network of medical laboratory professionals. I am also currently developing leadership skills transferable to my professional life through volunteering at the state, regional and national level. Most importantly, ASCLS provides a voice on legislative and regulatory issues impacting medical laboratory professionals across the country.”

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## BEER POTOMANIA: A CASE STUDY

Alice Hawley, MT(ASCP), ASCLS-ND Past President

SS, a 35 year old woman, had quite a history at a local medical facility. In 2013 she had 19 ER visits, sometimes more than one in a day, as well as 14 days of hospital stay. The primary diagnosis was chronic alcohol intoxication which also led to numerous rehab encounters for both alcohol and benzodiazepine abuse.

In 2014 there was a 9 month period during which her absence was noticed. There were two possible scenarios postulated: 1) the latest rehab had been successful or 2) SS was presenting to other medical facilities that did not know her past medical history. But soon the frequent visits began again with the culmination of a Christmas day visit to the ED during which her blood alcohol was 313 mg/dL (0.31 %wt). That ED visit turned into, not only a seven day hospital stay during which SS went through alcohol withdrawal and was treated for aspiration pneumonia, but also a seven week rehab alcohol detox program. SS was finally discharged in mid-February 2015.

Unfortunately, four weeks later SS was brought to the ED by ambulance in an extremely confused and altered mental state. Her husband stated that he “could not get her up from the floor.” The attending EMTs stated she appeared to be extremely intoxicated, that there was a possibility of a drug overdose because they found an empty, recently filled, 90 pill benzodiazepine prescription bottle and that upon arrival it appeared she was experiencing a tonic-clonic (grand mal) seizure. Laboratory testing was ordered to determine current status.

The tests came back with the following highlighted: critical low pH at 7.11 (Reference Range (RR): 7.35-7.45); critically high lactic acid of 15.5 mmol/L (RR: 0.5-2.2); decreased bicarbonate at 8 (RR: 22-29 mEq/L); elevated alcohol at 263 mg/dL (RR: <10); elevated WBC at 19.7 K/ul (RR: 4.0-11.0); decreased MCV of 69 fl (RR: 80-100); decreased proteins and calcium, increased liver enzymes, negative drugs of abuse screen and a **critically low sodium of 102 mEq/L** (RR: 135-145 mEq/L).

The National Center for Emergency Medicine Informatics states “Patients experiencing grand mal seizures can injure themselves, and generalized

seizures prolonged for more than a couple of minutes can lead to hypoxia, acidosis, and even brain damage.”<sup>2</sup> The laboratory results definitely supported the possibility of a grand mal seizure with hypoxia which could lead to the elevated lactic acid, decreased pH and low bicarbonate.<sup>1,2</sup> The negative drug screen appeared to rule out a benzodiazepine overdose but alcohol was definitely still a major player. Of special concern was the grossly decreased sodium.

SS had to be intubated and placed on mechanical ventilation because of acute respiratory distress. Due to the possibility of aspiration she was started on vancomycin and Zosyn. She was somewhat combative so was also started on propofol, versed and fentanyl. And, her Glasgow coma score was 7 out of 15, an indicator of possible, severe brain injury.<sup>3</sup> The diagnoses charted at that time were chronic alcoholism, anxiety, alcoholic liver, aspiration pneumonia and seizure induced lactic acidosis. There was also one more - “beer potomania.”

What is beer potomania? Beer potomania is a specific hyponatremic, hypo-osmolar syndrome related to consumption of massive amounts of beer in the absence of routine nutritional sources.<sup>7,10</sup> The criteria for this diagnosis are severe hyponatremia – Na <110 without any other reason, low serum osmolality, history of long-standing protein malnutrition, consumption of a large amount of beer – >14 in a short time, cerebral edema, muscle cramping, restlessness and irritability, gait disturbances and seizures/coma.<sup>7</sup> SS met all the above. Upon discussion, her husband revealed that he would often find SS on the floor or crawling across the floor. He stated that SS had started drinking just 4 days after getting out of the rehab unit. She would typically have 12-18 beers a day but that her beer consumption had increased over the last couple of days. He even stated that when SS appeared to be having symptoms of withdrawal, he would give her more beer because “it seemed to help.”

Beer potomania was first recognized by Demanet, et al in 1971<sup>10</sup>; it is seen in patients who consume large quantities of beer – ~14 beers (or 5L water)<sup>5,7</sup> but have a poor dietary intake of nutritional foods. Beer is

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## WHAT'S IN A NAME? – A REFLECTION

Nadine Fydryszewski, Region II Director

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“A rose by any other name would smell as sweet” - so says the Bard in *Romeo and Juliet*. This phrase is often used to imply that names associated with things, or even a person, do not affect what and who they really are. To a certain extent, that may be true, but one cannot discount the power of a name.

Can a name have power, can it have value? Since the beginning of time there has been power, value, and identity associated with a name. From a religious and political perspective there are powerful names - God, Yahweh, Allah, Buddha, Jesus, King, Queen, President, Prime Minister, Senator, just to list a few. A name can also describe who you are in terms of what you do – actress, lawyer, doctor, teacher, mother, father, chef, nurse, respiratory therapist, physician assistant. These are some examples of the plethora of names that denote value, power and identity.

What does it mean to have a name in relationship to our profession? It begins with a brief overview of our professional history in the US. In the mid 1920's-1930's the American Society of Clinical Pathology Board of Registry (ASCP-BOR) established standards for training programs. During this early period the name medical laboratory technician was most often used. In 1933 our society name was American Society for Clinical Laboratory Technicians (ASCLT). In 1936 the society changed the name to American Society for Medical Technologists (ASMT). As the profession grew, two professional designations emerged medical laboratory technician (MLT) and medical technologist (MT). In 1973 the society changed the name to the American Society for Medical Technology (ASMT), reflective of the profession vs. the professional. In 1993 the society changed the name to American Society for Clinical Laboratory Science (ASCLS), the current name.

In the 1970's the National Certification Agency for Laboratory Personnel (NCA) was formed as an independent peer certification body. The NCA designations for certified laboratory professionals were Clinical Laboratory Technician (CLT) and *Clinical Laboratory Scientist* (CLS). In 2009 the NCA and the ASCP-BOR unified into a single organization the Board of Certification (BOC). The professional designations were established:

medical laboratory technician (MLT) and *medical laboratory scientist* (MLS) – we have a new name!

This brief overview in no ways tells the whole story, but illustrates why, today, we still have confusion related to our name. Indeed, the unification of NCA and BOR into the BOC set guidelines that perpetuate the use of the MT designation vs. the new MLS designation. What would have been ideal after unification? At the time of unification, an across the board grandfather clause that would permanently change all MT (ASCP) and CLS (NCA) certified professionals to the new name MLS would have been the best solution to begin the movement to eliminate the use of MT and “Med Tech.” Unfortunately that is not what occurred. As you are aware, there are various paths to certification and re-certification through BOC which govern the use of the name MT or MLS. Could this be one variable contributing to the confusion among other healthcare providers and the general public about who we are and our professional “name”?

The BOC is not the only certification agency for medical laboratory professionals. American Medical Technology is a professional organization and certification body. Their certification designations are MT(AMT) and MLT(AMT). The American Association of Bioanalysts also certifies medical laboratory practitioners, and they use MT (AAB) and MLT(AAB).

We still have an alphabet soup of names (MLT, MT, CLT, CLS, MLS) that are used not only by other health professionals but among ourselves. Around the world a nurse is a nurse, a physical therapist is a physical therapist, a respiratory therapist is a respiratory therapist. The issue of multiple names is not solely in the US. Internationally, most countries use the designation biomedical laboratory technician (BMLT or BLT) and biomedical laboratory scientist (BMLS or BLS). Our new designation, MLS, closely aligns with this professional designation. However, there are countries that still use MT, many because of government regulations.

How many times are you called a “med tech”? Do you politely correct them and indicate you are a certified medical laboratory scientist? Have all four-year education programs changed their names to Medical Laboratory Science Program? Have laboratory administrators made the case to change the HR designation from MT

*Continued on Page 14*

## HOW ASCLS-HAWAII HELPED ME GET BACK TO ASCLS AND MY ROOTS

Kristen Croom, ASCLS-HI President  
Manager, Pathology and Molecular Services  
The Queen's Medical Center, Honolulu, HI

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My story starts as many others within the laboratory profession. I fell into the *Clinical Laboratory Science (CLS)* program at Texas Tech University in Lubbock, Texas. I started school with the intention of attending medical school. The CLS program was offering free pizza to attend a seminar and being poor college students, my friends and I decided this was a wise investment of our time. The program presented itself as a way to obtain necessary credits for medical school and provide you the knowledge to have a career in case medical school didn't work out immediately. After acceptance into the program the students were "encouraged" to join ASCLS. I do not exactly recall the activities offered, but I remember the feelings of camaraderie created. I knew shortly after starting school I belonged in the laboratory. I cannot describe the feeling other than I knew I had found my calling. Fast-forward two years and I'm accepted into the second class of the Master of Science in Molecular Pathology (MSMP). The MSMP program was developed for laboratory professionals who want to specialize in genetics. Fast forward three years, after jobs at Mayo Clinic and MD Anderson Cancer Center, I had the amazing opportunity to relocate to beautiful Hawaii.

I was reintroduced to ASCLS because I was looking for other ways to get involved in the laboratory community. I received an email from the then state president, Sally Pestana, asking for volunteers to serve as the secretary of the state society and to attend the board meeting. Sally and I discussed the organization and she told me I would be a valuable asset. During my first board meeting I decided I wanted to be involved and help the society fulfill its mission. I participated in the organization and was elected secretary for the following year. I was given the opportunity to attend the national meeting in Houston that year. The meeting was invigorating and I wanted to come back and make a difference for other laboratory professionals in Hawaii. During the Houston meeting I learned about the ASCLS Leadership Academy. I remember thinking it would be an interesting opportunity to learn more about the organization at the national level and provide networking opportunities. When I returned to

Hawaii I agreed to run for President-Elect. A few months later Marcia Armstrong and Sally suggested that I apply for the 2014-15 Leadership Academy. I was selected to the Leadership Academy class with six other ASCLS members from around the country.

The Leadership Academy was one of the most amazing leadership experiences I have had in my life. I had the opportunity to work with great up and coming leaders in the profession and the ASCLS community. We developed three infographics to educate laboratory professionals about ASCLS. The Leadership Academy is all about making life-long friends and having the opportunity to interact with the national leadership within the organization. We were exposed to the board meetings, learned how the organization is managed, and had the opportunity to learn more about the advocacy portion by attending the Legislative Symposium. The Leadership Academy gave me great ideas to bring back to Hawaii. I've planned a busy year during my presidency of the Hawaii chapter. I am using ideas for social events, planning committees, and membership drives I learned from my Leadership Academy classmates. These ideas included bringing a "Science of Beer" event to Hawaii and creating a planning meeting around strategic goals for the organization to keep us on track. We are planning a 2nd Annual Science of Beer event and a 2nd Annual MLPW Lab Game Night. We have listened to our membership and will have more events, both educational and social, to attract more laboratory professionals. We hope to improve communication with our current members and actively recruit new members. We want to follow-up with first timers to our events and support them in their laboratory careers.

ASCLS has provided me the opportunity to grow as a person and as a professional. It has afforded me the ability to connect with people and places in ways I never dreamed of when I first signed up. Now it is time for me to take those experiences and help expand the horizons of others with the goal of providing these same opportunities and resources to other laboratory professionals.

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## THE CUSTOMER COMES FIRST; OUR PATIENTS ARE #1

Gretchen Brocksmith, MLS(ASCP)<sup>CM</sup>  
New Professional and New Member Forum Chair

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I have worked in retail for over 6 years, and during those years I heard the customer comes first and the customer is always right. Entering the medical field has been a completely new experience; yet I did not realize how much my retail experience would help me with patient testing.

As a new *Medical Laboratory Scientist* (MLS), I am still learning all the ins and outs of the laboratory and the best practices for our patients. There have been times when I felt a test might have been incorrect or should be re-run because something seemed wrong. It has been difficult to question seasoned MLSs because they are the people from whom I should be learning.

One evening, when I was working, we received a clinic sample on which the MLS ran a CBC. The specimen flagged a delta check on the platelet (PLT) count. The previous PLT count was 100,000 (which for our lab is decreased) and the current count was 20,000 (which is a critical). In our lab, the critical PLT is not reported to the nurse or doctor until an MLS reviews the slide after checking the sample for clots, and rerunning the specimen to check the PLT results. In this particular case, the MLS called the doctor and reported the critical PLT result of 20,000 before the slide was reviewed.

When the slide was ready, I noticed the platelets were clumped. The patient did not have a PLT count of 20,000. It was much higher. This was one of my first, "OMG!! WHAT SHOULD I DO??" moment. The MLS who ran the sample had been working much longer than me and I didn't know how to tell him about the platelet clumps and my concern about the critical PLT count that had already been reported to doctor. At our hospital, a patient receives platelets if the count is less than 30,000. Luckily, the MLS was able to reach the doctor and notify him/her that the platelets were clumped and we would need to recollect the specimen to get an accurate PLT count.

After this incident I began to evaluate my morals and values and the ethics of general lab practices. While working in retail, I would listen to the customer's needs and wants. I was able to talk to the customer and explain why he/she should purchase this item or why this item looks great on him/her. I built up a reputation because I started to care about my customers' needs and they would come back to the store and seek me out for my attentiveness and fashion advice. I started to take these experiences I had in retail and try to apply them to my lab career. These patients are my customers. I need to care for them and they deserve the best treatment possible. If I could care so much about someone walking out of a retail store in clothes too tight or unflattering, then I should care a million times more about a patient getting sicker or worse, dying, because I failed to do something right or correct a problem when I felt it was wrong.

I began to think, if this were my mom, dad, or one of my brothers how would I feel if someone performed their laboratory tests, and did not use best practices or did not do their best. I try to think of this every day when I leave for work. It can be difficult. At times, I am tired and stressed and would like to take the easy way out. Maybe someone else will catch the mistake and correct it, but then I try to think this is someone's loved one, and I would not want this to happen to my family.

The patient is our #1 priority and we have to treat him/her that with extra special care. I am not only representing myself in the lab but I am representing ASCLS as a new professional. We are here to serve the patient with testing that is accurate, safe, timely, effective, and efficient.

Remember, regardless of your age or experience level, the customer, our patient, comes first so do not hesitate to do what's right!

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*Volunteer*

*From Page 1*

commitment. The conference calls are at no cost to the individual and are led by the committee chairs. Your involvement is required on a monthly basis to ensure quality and improvement of the purpose of each committee.

Information about each of the ASCLS committees may be found at [www.ascls.org/ascls-leadership/committees](http://www.ascls.org/ascls-leadership/committees). The general charges to all committees are identified as well as committee descriptions. Please keep in mind that since we make these appointments almost a year in advance, you would be asked to start serving as of August 2016. Each of the committees meets at the annual meeting so please consider attending.

A survey will be made available to you via Survey Monkey in the near future. Please take a few minutes to complete the survey to indicate your preferences for committee leadership or as a representative to an affiliate organization. Additionally, you can contact me by email at [suzanne.campbell@hotmail.com](mailto:suzanne.campbell@hotmail.com), or contact the other members of the Appointments Committee: Janelle Chiasera [jchiase@clemsun.edu](mailto:jchiase@clemsun.edu), Joni Gilstrap, [jgilstrap@billingsclinic.org](mailto:jgilstrap@billingsclinic.org), Sally Pestana, [pestana@hawaii.edu](mailto:pestana@hawaii.edu), Elizabeth Ezeb, [elizabeth\\_ezeb@yahoo.com](mailto:elizabeth_ezeb@yahoo.com), First Year Professional, or Jazmen Myers, [jazmen.bria.myers@gmail.com](mailto:jazmen.bria.myers@gmail.com), Student Forum Chair.

By demonstrating your commitment and collective responsibility to the future of ASCLS, you are a vital component of our success. I thank you in advance for your commitment and truly look forward to serving with you.



*President's Message From Page 2*

Meeting, Clinical Laboratory Educators Conference, and the Advanced Management Institute. Several proposals for the 2016 Annual Meeting in Philadelphia were submitted and considered by the Annual Meeting Steering Committee when it met in September. The 2016 Clinical Educators Conference program is already set, so sessions on diversity for this meeting will be considered for 2017. It is important to note that submissions for these programs must come from you, the membership, by deadlines established by the planning committees in order to be considered.

An additional Task Force was recommended by the Diversity Task Force: a "New Idea Factory" consisting of members of the Council and ASCLS members at large. This group will be charged with exploring "how diverse thinking could contribute to the diversity of thoughts and ideas and an inclusive culture within ASCLS." At the time of this writing, the process of identifying members for this task force was just beginning. An update on this group's progress will be provided to the membership later in the year.

Other recommendations from the Diversity Task Force included having a Council member act in an advisory capacity to the Board Appointments committee, and working with the Nominations Committee to recruit members of the Council for national office.

The composition of the ASCLS Board of Directors does not reflect the changes in our population. In order to encourage diversity within our leadership, we must begin to mentor and nurture future leaders who are part of this community. This change must begin at the

local level! All constituent societies should begin to follow some of the recommendations that were made by the task force. In addition, I have asked all Region Directors and constituent society Presidents to seek out members considered part of the "diverse" community and appoint them as communication liaisons to the Diversity Advocacy Council.

When planning activities at the local level, be sure to check holiday schedules so that meetings do not fall on significant holidays for members or attendees. (There are calendars available on the web to assist with this.)

Any member can be part of the Diversity Advocacy Council — whether you are a part of the diverse community, are interested in diversity or a supporter of the concepts. Please go to the ASCLS web site and join the Diversity Advocacy Council Community Group to be included in the progress of the council and the activities planned by the Council.

With your help, we can lead ASCLS into a more inclusive future!



*A Case Study*

*From Page 9*

hypo-osmolar, consisting of mostly water, and contains very little sodium, minimal solutes and no protein.<sup>8</sup> When beer is absorbed the body senses the increase in hypotonic fluids and interprets this as a drop in serum osmolality. This causes Anti-Diuretic Hormone (ADH) release to be inhibited which typically would cause less water to be reabsorbed, thus producing urine. But, in the absence of electrolytes and solutes there is nothing to pull fluid from the nephrons of the kidney to allow for elimination, thus the protein deficient body will have

*Continued on Page 14*

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*A Case Study From Page 13*

a net retention of water and may produce less than 100mL urine/day. This results in a retention of excess free water and the sodium is diluted to dangerously low levels.<sup>5,7</sup>

Logically, since SS is hyponatremic we should be able just give her the needed electrolytes to solve the problem? Not necessarily, because there is another consequence of beer potomania. In hyponatremia water is drawn into the brain cells causing them to swell. When the sodium is adjusted too rapidly, free water rapidly moves out of the cells to adjust this relative hypertonicity. On brain scans the brain appears to shrink. This rapid outflow of water from the brain cells can lead to central pontine myelinolysis (CPM), also known as osmotic demyelination syndrome (ODS).<sup>6,9,11</sup> CPM damage leads to the destruction of the myelin sheath covering nerve cells in the middle of the brainstem (pons). As the myelin is lost, it can lead to cellular signal disruption and a decrease in proper functioning of electrical impulses. Unfortunately there is no known cure and the damage is irreversible.<sup>6</sup> As the process progresses, it can lead to acute paralysis, dysphagia, many other neurologic deficits and even death. Thus, the goal would be to very conservatively raise the sodium levels using the guidelines of 10 mEq/L/24 h or 18 mEq/L/48hrs, although even lower levels of reversal have been discussed to help prevent cerebral injury.<sup>4,7,9</sup> This allows for very limited changes over time and hopefully the decrease in the occurrence of CPM. As one author stated, "Don't just stand there, do nothing".<sup>4</sup> Although even with conservative measures,<sup>11</sup> >50% of patients with increased alcohol ingestion and a Na <125 mEq/L do suffer from some degree

of neurologic sequelae.

This patient, over the next 48 hours, had her sodium replaced until it reached a level of 126 mEq/L. Desmopressin, a synthetic ADH typically used for bedwetting and diabetes insipidus, was administered to enable the body to retain water and restrict blood vessels, thus re-diluting the sodium. Her sodium stabilized over the next 24 hours to 128mEq/L and finally got to normal range within the next week. Since raising the sodium must be done very slowly, this is definitely one condition in which you want to keep the sodium out of the normal range for a while. Thus the laboratory should not be surprised when sodium recovery treatment progresses very slowly as it is in the best interests of the patient and will hopefully decrease further complications.

Fourteen days later, upon discharge, the notes stated: history of chronic alcohol and drug abuse, anxiety and depression-psychiatric visits to follow, aspiration pneumonia with methicillin susceptible Staph aureus (MSSA), dysphagia persisting and the first mention of possible chronic bulbar dysfunction which is a brainstem neuron dysfunction also associated with CPM.

(One lesson learned from this case is if you are going to drink the beer, do it in moderation, and please be sure you are also eating some peanuts!)

1. <http://www.uptodate.com/contents/causes-of-lactic-acidosis>
2. <http://www.ncemi.org/cse/cse0104.htm>
3. <http://www.trauma.org/archive/scores/gcs.html>
4. [https://www.ucdmc.ucdavis.edu/internalmedicine/education\\_programs/KT/Posters/2014%20ACP%20posters/BuiAlbert.pdf](https://www.ucdmc.ucdavis.edu/internalmedicine/education_programs/KT/Posters/2014%20ACP%20posters/BuiAlbert.pdf)

5. <http://www.clinicianreviews.com/specialty-focus/nephrology/article/hyponatremia-beer-potomania/38ea6a33adbbe6a5b3fcb3161a1e0dde.html>
6. <http://www.nlm.nih.gov/medlineplus/ency/article/000775.htm>
7. McGraw M. Beer potomania: Drink in this atypical cause of hyponatremia. Nursing Center. 2012; (42); 24-30. <http://www.nursingcenter.com/cearticle?tid=1368863>
8. Hilden, T. and Svendsen, T. L. (1975) Electrolyte disturbances in beer drinkers. A specific hypoosmolality syndrome. Lancet 1975;2(7928):245-246
9. Sanghvi SR, Kellerman PS, Nanovic L. Beer potomania: an unusual cause of hyponatremia at high risk of complications from rapid correction. Am J Kidney Dis. 2007;50(4):673-680
10. Demanet JC, Bonnyns M, Bleiberg H, et al. Coma due to water intoxication in beer drinkers. Lancet. 1971;2(7734):1115-1117
11. Campbell MC. Hyponatremia and central pontine myelinolysis as a result of beer potomania: A case report. Prim Care Companion J Clin Psychiatry 2010;12:(4 )

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*Name From Page 10*

to MLS? Which name can you use based on your certification? Let's not forget licensure, because states with licensure may also stipulate the name.

What's in a name? What are the power, value and identity of our name? Which name do you use? Each one of us is directly responsible for our image and our identity as an individual professional, as a member of the profession, and as a member of the healthcare team. **WE** must use our name - *medical laboratory scientist/technician*. **WE** must make the case to implement that name in

*Continued on Page 15*

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Name *From Page 14*

our workplace, in our interactions, in our education programs. **WE** must be proud to say everyday “I am a Medical Laboratory Scientist.” ASCLS promotes Voice, Value, Vision – One Voice, One Vision. Let’s add One Name – MLS.  
•••••

Mark your calendar!  
*CLEC 2016*  
*February 25-27*  
*Minneapolis, MN*



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