

THE S O S H O W M E



President's Message

By Tim R. Randolph

The Missouri Organization for Clinical Laboratory Science (MoCLS) is the state constituent society for the American Society for Clinical Laboratory Science (ASCLS), the preeminent organization representing clinical laboratory professionals. Although we are a small organization (ASCLS has >10,000 members and MoCLS has >150) we are relentless in our efforts to uphold and support laboratory medicine. I would like to discuss three initiatives we are currently pursuing.

Maybe you have heard of the competitive bidding initiatives introduced by the federal government. In an attempt to save healthcare costs in the Medicare and Medicaid systems, the federal government developed a system that required laboratories to submit bids to compete for the rights to become a provider of laboratory services for these federal programs.

A demonstration project was slated for 2009 in San Diego, California. The laboratory offering the lowest bid for the list of tests provided by the feds would win the right to be an official provider of Medicare and Medicaid laboratory services. Laboratories that could not compete had two options; perform Medicare and Medicaid testing at the winning bid rate, or discontinue providing these services. This would be like a small family business in a price competition with Wal-Mart or Home Depot.

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Since Medicare and Medicaid clients represent between 40-50% of laboratory patients and this number will rise as baby boomers retire, most labs would lose about half of their revenues. This scenario would have resulted in mass closures of laboratories across the country and would also develop a laboratory monopoly among the mega-labs that can offer testing at such low rates. ASCLS fought hard on Capitol Hill to stop the demonstration project and was successful!

Unless you work in a mega-lab, our efforts saved your job and the jobs of thousands of laboratory professionals across the country. It also saved the Medicare and Medicaid patients the hardship of going to a satellite lab to have their blood samples collected and subsequently shipped to the mega-labs, along with the

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Major Laboratory Certification Agencies Reach Agreement to Unite

By Elissa Passiment - Vice President - ASCLS

CHICAGO – Aug. 28, 2008 - The American Society for Clinical Pathology Board of Registry (ASCP-BOR) and The National Credentialing Agency for Laboratory Personnel (NCA) have reached an agreement on the formation of a unified credentialing agency. The respective agencies have signed a Letter of Intent (LOI) that has also been ratified by the sponsoring organizations, namely, the American Society for Clinical Pathology (ASCP), the American Society for Clinical Laboratory Science (ASCLS) and the Association of Genetic Technologists (AGT). Execution of the LOI indicates that the organizations have reached a mutual agreement in principle on the formation of a unified certification organization that embodies a shared vision for peer credentialing.

Unification will simplify processes for educational program directors, student applicants from accredited institutions (NAACLS and CAAHEP) as well as all other eligible individuals who receive on-the-job laboratory training. In addition, this union is intended to increase credibility and respect from other healthcare professionals and employers, and focus on critical issues for the future of the profession. Construction of a Memorandum of Understanding (MOU) is currently underway between these organizations detailing the governance, the impact of the single certification agency on the credentials of currently certified individuals, as well as the impact on policies related to re-certification and new applicants. In the interim, both agencies (ASCP-BOR and the NCA) will continue business as usual as the transition unfolds.

The MSF : Not just for Students Anymore!

By Shelly Schoeberlein – Membership/Publications Chair, MoCLS

The **Missouri Scholarship Fund** or **MSF** has undergone some changes in the past few years. Although originally created to support MT/CLS students, MSF now offers opportunities to members and non-members alike. The following is a brief explanation of each type of scholarship. To download an application, visit www.mocls.org and click on Scholarships.

MoCLS STUDENT SCHOLARSHIP

To provide financial assistance to Missouri MT/CLS or MLTCLT students for formal education, research, or continuing education which directly relates to laboratory science.

MoCLS EDUCATION SCHOLARSHIP

To provide financial assistance to MoCLS members for formal education, research, or continuing education which directly relates to laboratory science. **(In order to enhance the profession of clinical laboratory science and under exceptional conditions, non-members or groups may be awarded financial assistance if sponsored by an active or emeritus member of MoCLS.)**

A Scholarship Winner

By Tom Reddig – MSF Committee Chair

This letter was submitted as part of the application requirements for the non-member student scholarship. The Selection Committee of the MSF (Missouri Scholarship Funds) thought this was such an exceptional letter that they wanted to share it with the members. We continue to expect the profession to attract such fine young students!

(The letter content has been edited and personal information has been deleted for the printing of the letter)

To Whom It May Concern:

The best way to begin a personal letter concerning my financial need is to say that my career goal is to be a physician. The idea of being a doctor has been in the back of my mind for a while now, but I began college as a chemistry and music major. I eventually graduated with a Bachelor of Arts in Music and Biochemistry. Though this combination may seem odd, it kept my life balanced. Becoming a physician, possibly an otolaryngologist, and working in a rural



***Two kinds of gratitude:
the sudden kind we feel
for what we take, the
larger kind we feel for
what we give.
– E.A. Robinson***

“In order for me to accomplish my short and long-term career goals, I must keep a “hawk’s eye” on my finances.”

community have become my long-term career goals. My short-term career goal is to obtain my medical technology certification, and this is what the Missouri Organization for Clinical Laboratory Science scholarship would be used for, should I attain it.

In order for me to accomplish my short and long-term career goals, I must keep a “hawk’s eye” on my finances. With the great amount of money I owe (an amount that will increase) in student loans, and the increasing amount of money necessary for everyday expenses of food, gas, and insurance, I must set myself up to be financially successful. Not only will the medical technology certification, for which I need the scholarship, be a great backup career that will guarantee financial success, but it will also be a great asset to have in order to be able to afford life in medical school. Hopefully, then, you see how this scholarship will go a long way to help me be financially successful in the future.

Although my long-term career goal of becoming a physician in a rural community has been developing for several years, my commitment to service has always been a part of how I define myself. This commitment is ultimately why I choose to enter the healthcare field.

One of many examples of my service involves donating my time to church functions. I used to be a youth group leader, and I lead several youth retreats.

Please see *Scholarship Winner* on page 6

KUDOS!

This column will feature achievements made by our members and awards they received for all their efforts. If you would like to share your good news, please e-mail Shelly Schoeberlein at mocls@sbcglobal.net

The MoCLS Annual Business/Awards ceremony was held on April 10, 2008, at the MoCLS-St. Louis CLMA Spring Meeting in St. Louis. The MoCLS Board was pleased to recognize the following awardees for their lasting commitment to ASCLS and MoCLS as current members. Certificates were given to each by MoCLS President – Renee Setina.

Old Faithful and 10-year Member Awardees:

Members	Join Date
Jeannie Theissen	January 1977
Wendy Pleimann	February 1977
John Koenig*	March 1977
Cynthia Rowold	February 1978
Mary Lou Vehige	April 1978
Catherine Wilder	April 1978
Carole Truby-Bisges	June 1979
Patricia Hendricks	August 1979
Marillyn Nelson	September 1980
Mary Raab	January 1981
Patricia Anderson	September 1981
Jennifer Roberson	November 1981
Donna Carlton	January 1982
Tim Randolph*	July 1982
Sharon Smith*	April 1992
James Purnell*	June 1992
Christine Bremser*	May 1992
Carol Crow	April 1993
Mary Anne Hudson	September 1993
Connie Wilkins	January 1994
Sharon Layton	January 1995
Mary Smith	February 1995
Terry Taff	November 1996
Luella Foster	April 1997
V.K. Mattson	April 1997
Christi Hix	July 1997

* Members present

In addition, MoCLS also recognizes the commitment of Board Members with the following awards:

- **Keys to the Future Award:** given to relatively new member(s) or long standing members who have recently increased his/her activity within the organization and who have been identified as having leadership potential worthy of development. The award was presented with a plaque to **Kelli Kraft and Sharon Duessel.**
- **Member of the Year:** given to a member whose contributions have significantly enhanced the organization’s goals and mission. The 2007-2008 Member of the Year goes to **April Hansen.**

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delay in result reporting associated with outsourcing laboratory services. As one of hundreds of ASCLS members who stormed Capitol Hill on several occasions bearing the banner of laboratory professionals, we worked hard to win this battle.

MoCLS is also deep in the throws of seeking licensure for laboratory professionals in the state of Missouri. The 2008-2009 legislative cycle marks the fourth consecutive year we will be filing a laboratory personnel licensure bill into the Missouri General Assembly. Licensure places legal requirements on the qualifications of personnel practicing in a licensed profession.

Did you know that nearly all healthcare professionals are licensed in Missouri except laboratory professionals? Medical Physicians, Nurses, Physical Therapists, Occupational Therapists, Physician Assistants, Dietitians, Social Workers, Pharmacists, Psychologists, Veterinarians, Dentists, Optometrists, Podiatrists, Chiropractors, Perfusionists, Audiologists, and Speech Pathologists are all licensed in Missouri. Licensure limits practitioners to only those qualified to practice for the purpose of improving quality and limiting medical errors to maximize patient safety. The Missouri General Assembly also passed licensure bills in several other professions to include: Cosmetologists, Dental Hygienists, Massage Therapists, Embalmers, Funeral Directors, Drug Distributors, Acupuncturists, Hearing Instrument Specialists, Anesthesiologist Assistants, Athletic Trainers, Respiratory Care Techs, Occupational Therapy Assistants, Veterinarian Technicians, Pharmacy Technicians, and Physical Therapy Assistants.

Even non-medical personnel have licensure laws that govern their practice like barbers, tattoo artists, boxer, wrestlers and real estate agents to name a few. I am glad my barber is licensed because I prefer to have a haircut from a qualified individual, but how much more important is it to have qualified professionals performing and interpreting complex laboratory testing that is crucial in the diagnosis and monitoring of disease?

Not sure who is your State Senator or Representative?

Visit <http://www.senate.mo.gov/> and type in your 9-digit zip code.

“Our bill will grandfather in currently practicing laboratory professionals who apply for a license. However, all future laboratory professionals will be required to graduate from an accredited laboratory educational program and pass a national certification exam.”

Our bill will grandfather in currently practicing laboratory professionals who apply for a license. However, all future laboratory professionals will be required to graduate from an accredited laboratory educational program and pass a national certification exam.

Please support the laboratory licensure effort; the future of our profession is at stake. For more information please contact Tim R. Randolph at randoltr@slu.edu or Renee Setina at holtip@sbcglobal.net

Lastly, MoCLS is embarking on a New Member Campaign to increase our membership to support all our activities. Politicians at both the State and Federal levels pay more attention to who is speaking rather than what is said. Organizations that speak for hundreds of thousands get more accomplished than those speaking for tens of thousands. Increasing the membership in MoCLS will increase our voice by simply stating our membership numbers; increase the numbers of people sending letters to politicians; increase our dues revenues to hire lobbyists; and allow us more leverage when planning continuing education offerings.

Please look around in your laboratory and identify those professionals who are not ASCLS/MoCLS members and ask if you can put them in contact with MoCLS for further information. Feel free to send email or snail mail addresses to me, Tim R. Randolph, and I would be glad to discuss with them the benefits of membership.

I am a laboratory professional and I am proud to serve with you for the betterment of our profession, which will ultimately improve healthcare for the benefit of all Americans.

Tim R. Randolph, PhD, MT(ASCP), CLS(NCA)
MoCLS President

Clinical Year Presentation on Lyme Disease

By Bethany Friese – St. Francis Medical Center, MoCLS member

During my Clinical year as a Medical Technology Student I was required to do a presentation about something related to the clinical laboratory. I chose to do my presentation on Lyme disease. The following is what I learned about the disease, testing, and research being done.

Lyme disease is caused by *Borrelia burgdorferi*, a spirochete. It is transmitted by deer ticks that harbor the bacteria in their stomach. *Borrelia* causes abnormalities in the skin, joints, heart, and nervous system (Microbwiki, 2006; Shiel, 2006). It was discovered in 1975 in Lyme, Connecticut. A group of children were all diagnosed with Rheumatoid Arthritis. Their mothers thought this occurrence was odd and pointed this coincidence out to researchers. This disease was researched and renamed Lyme disease in 1982 (Shiel, 2006).

I thought the *Borrelia* cell structure was interesting. The fact that thousands of base pairs are found in a microbe that inhabits a tick the size of a period was amazing. *Borrelia burgdorferi* has 910,725 base pairs, 17 linear and circular plasmids with 533,000 base pairs, and 853 genes that encode a basic set of proteins on the main chromosome (Shiel, 2006). This bacterium also has two membranes, two flagella, and is difficult to culture due to specific nutritional requirements (Shiel, 2006).

The bacterium is transmitted through a tick bite. The bacterium travels from the gut lumen to the salivary glands and enters through the penetrated skin. This transmission happens 24 hours after the tick has attached to the skin or scalp. The life cycle of a tick requires two years to mature and reproduce. The lifecycle through mammals is related to the tick lifecycle, each stage requires a blood meal to mature. There are four stages in the life cycle: egg, larva, nymph, and adult. The larva stage is when the spirochete is acquired (Microbewiki, 2006; Shiel, 2006). There are three stages to this disease: early localized, early disseminated, and late. The early localized and the late phases have the most information. The early localized phase stays in the skin. It may or may not produce a bull's eye rash or erythema migrans. The symptoms in this stage include fatigue, muscle and joint stiffness, swollen glands, and headaches. Most patients don't recall the tick bite. If the symptoms are caught early complications can be avoided (Microbewiki, 2006; Shiel, 2006).

The late phase affects the heart and nervous system. The heart becomes inflamed and can lead to heart failure. In the nervous system, Lyme disease can cause Bell's palsy (muscle paralysis), peripheral neuropathy (abnormal sensation due to disease of peripheral nerves),

meningitis, or arthritis or inflammation of joints (Shiel, 2006). This disease is diagnosed by the red rash and if the patient has taken a vacation in an area common for Lyme disease such a Colorado or New York.

Testing currently used is blood testing during the late stage because antibodies are present (Shiel, 2006). Testing is performed using the two-step method. This method includes ELISA and western blot. ELISA is a very sensitive test that is used to detect antibodies. If the test is negative then the patient doesn't have Lyme disease. If the test is positive or intermediate, then a Western blot is performed to confirm the positive.

Western blot has two types, IgG and IgM. If IgM is positive and IgG is negative, the patient will be tested again a few months later. If IgM is still positive and they have been sick for longer than one month, then the test is a false positive. Western blot should not be performed without performing ELISA first; this increases the potential for false positives (CDC, 2005).

“...To prevent getting Lyme disease use a spray containing DEET; wear long clothes; examine clothes, children, and pets for ticks; ...”

Lyme disease is treated with antibiotics. The type of antibiotic depends on the location, phase the patient is in, and severity of the symptoms. For example, in the late phase ibuprofen is given to reduce inflammation, where as arthrocentesis may be performed for swollen joints (Shiel, 2006).

To prevent getting Lyme disease use a spray containing DEET; wear long clothes; examine clothes, children, and pets for ticks; remove ticks with tweezers and place in a jar for identification; and bathe skin, scalp, and wash clothes to prevent a tick bite and transmission of *Borrelia burgdorferi* (Shiel, 2006).

Research that I thought was interesting includes a Lyme disease vaccine, PCR testing, Culture Media available for *Borrelia burgdorferi*, and Phages. LYMERix was a vaccine on the market until February 2002. The vaccine was removed from the market because it was believed more research needed to be performed (Shiel, 2006). The real-time PCR test for *Borrelia burgdorferi* is more accurate than other tests. It can use urine, blood, skin, synovial fluid, or CSF as a specimen (Labcorp, 2002).

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I also cantered for masses once a month. As co-philanthropy chair of Phi Kappa Tau, it was my responsibility to organize service opportunities and charity events for the fraternity. For example, I set up an opportunity for us to cook dinner with the members of a halfway house once a month. Furthermore, I have worked retail for the past four years. In retail, I gained the experience of conversing with a myriad of people as well as with handling their cares, concerns, and wants, no matter what mood they were in. As a physician, I would not only be able to continue with these types of service, but I would also get to heal my patients both physically and emotionally.

As I have said, in order to accomplish my goal of becoming a physician, I need more experience in the medical field, which I can attain from the medical technology program. Of course, should I not obtain entrance into medical school, becoming a medical technologist is still a great healthcare career choice. I will still be serving the public, though less directly, and I could eventually use my leadership and service skills to become a great supervisor or lab director.

As I mentioned already, a scholarship from your organization would be of great assistance to me, so please allow me to sum up my need one last time. With this scholarship, I will be able to afford to drop from working forty hours a week (a near-impossible challenge) down to thirty hours a week (even thirty hours a week will still be a difficult challenge while going to school full time), and still meet all of my budgeted needs. These needs not only include my living expenses now, but also savings for my living expenses should I get into medical school. Because I plan on continuing my education past this medical technology program by entering medical school, I closely watch my budget and my savings each month. The less I have to borrow in student loans now, the more affordable medical school becomes, and the closer I am to achieving my ultimate career goal of becoming a physician. *

Ⓢ SAVE THE DATE Ⓢ

**IA – NB - KS – MO Great Plains
Regional Lab Expo**

**The Mid-America Conference Center
Council Bluffs, Iowa**

April 29 - May 1, 2009

Please visit www.mocls.org
for more info



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There is minimal to no contamination of specimen after processing and it offers more information than other tests. The culture media that is being researched is MPM media. This media can be used in coplin jars or blood agar. When mixed with blood agar it forms a “chocolate agar” (Philips, S.E. et al, 1998).

Cultures were done on 47 Lyme disease positive patients. Of those 47, 43 gave a positive result on MPM media. The pH is still being researched due to uncertainty of the optimal pH (Philips, S.E., et al, 1998). The coplin jar cultures give the fastest results. Finally, a phage, phiBB-1, targets *Borrelia burgdorferi*. It is suggested that this phage plays a role in the infectious cycle, and may contribute to virulence in bacteria. The phage is still under investigation (Microbewiki, 2006). This information was helpful to see what types of clinical tests are being researched and may one day be used.

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A call for Nominations

The General Election may be over, but the MoCLS Board seeks nominations for the following positions.

Please see the table below for brief descriptions of each position. For more information, contact Nominations chair, Tom Reddig, at treddig@hotmail.com

<p>Treasurer 2 year term Term begins August 2009</p>
<p>President - Elect 1st year of a 3 year commitment Term begins August 2009</p>
<p>1st year Board 3 year term Term begins August 2009</p>
<p>Nominations Committee 3 positions open 1 year term Term begins August 2009</p>

Calendar of Events

MoCLS Board Teleconference
January 24, 2009

Clinical Laboratory Educators' Conference (CLEC)
Denver, Colorado
February 19-21, 2009

Legislative Days in Washington, DC
March 23-24, 2009

IA-NB-KS-MO Great Plains Regional Lab Expo
Council Bluffs, IA
April 29 – May 1, 2009

Final MoCLS Board Meeting at the Great Plains Regional Lab Expo
April 30, 2009

ASCLS Annual Meeting in Chicago
July 21-25, 2009

Past - President's Message

By Renee Setina

Although my term as President has come to an end, there is always a new beginning. Being involved with the MoCLS board has opened doors for me socially and professionally. I cannot even begin to describe the benefits I have reaped being involved with my professional society.

I have always enjoyed being a Clinical Laboratory Scientist and continue to be excited to see what our future holds. Does our future hold licensure for our profession? Does our future hold the development of the Doctorate degree for our profession? I believe both of these issues will become reality and are on the horizon in the near future. Will there be obstacles? Yes! Are those obstacles insurmountable? It depends on our level of persistence.

I completely believe in whatever you dream and fight for, will eventually occur. Will it take time and patience? Most definitely.

I encourage each and every one of you to attend a local, state or national professional event. The enthusiasm for our profession is very contagious.

"I completely believe in whatever you dream and fight for, will eventually occur. Will it take time and patience? Most definitely."

You have a variety of venues to participate. ASCLS Legislative Days, MoCLS spring meeting, ASCLS national meeting, and/or ASCLS Leadership Academy. I encourage anyone that is interested in getting involved with the MoCLS board to contact myself or our President, Tim Randolph, or any MoCLS board member. As always, you can find our contact information on www.mocls.org.

I am sure Tim has another year planned with new ideas and accomplishments to achieve. I know I will be there as Past-President to aid in his efforts. I hope each of you will support him as well.

I wish all the best for each of you. Make the most of your life, personal & professional. Because all we can do is make changes now to have a better future tomorrow.

☞ Renee Setina, MT(ASCP), CLS(NCA)