



## President's Message

Lindsay  
Hengesbach

Now that the holidays are over, and things are starting to wind down, it's time to focus on New Year's Resolutions. I know you have ambitions to work on your health or your finances or maybe this is the year to start that big project you've been putting off. I'd like to implore you to consider our profession when tackling your 2018 resolutions.

### Start small.

Continued membership demonstrates support for Medical Laboratory Scientists and Technicians across Michigan and throughout the nation. Did you know a significant portion of membership dues go to the National and Regional Levels and that Michigan receives less than \$10 of the membership dues? Michigan uses that money to subsidize the cost of educational events, pay for the website, maintain our non-profit status and other associated costs. Maintaining your membership helps us provide educational and social events in our districts. It also provides a small budget for the numerous committees to fund activities such as P.A.C.E. and the packets that are handed out at the National and State Legislative Advocacy days. If continuing membership is all you can do, that is enough, and ASCLS-Michigan is grateful.

### What if you want to give a little more?

If you have a small amount of time to give and want to ease your way into volunteering for ASCLS-Michigan, the best place to start is by being a

Moderator at the upcoming Spring meeting April 10-13 at the Inn at St. John's in Plymouth, MI. Being a moderator is easy. You introduce the speaker by reading a biography, announce the P.A.C.E. ® code when the presentation is completed, and wait for tech support to prepare the room for the next speaker. It takes about 10-15 minutes of time, you get to network with the speaker, and it's a great resume booster if your career is just getting started! If interested contact this year's Moderator Chair, Alicia Kuzia, at [kuzia@med.umich.edu](mailto:kuzia@med.umich.edu).

### Interested in giving more to your profession?

There are numerous committees in need of your talents. Let's say you've always wanted to delve into the world of finance, but don't get the opportunity at work. ASCLS-Michigan has volunteers that assist with the finances for meetings and the general budget. If you're more into event planning, run for a District Representative position. Each year District Representatives are encouraged to host one educational and one social event of their choice. The Government Affairs committee keeps tabs on the laws that impact our profession and can be a great place to get involved in politics. What if you want to improve the image of Medical Laboratory Scientists and Medical Laboratory Technicians amongst other health care professionals? We've got a Public Relations Committee working on the development of a marketing strategy to help improve our professional image. In addition to these we need volunteers to recruit members, recognize members' accomplishments, provide P.A.C.E. ®, assist with the website and newsletter, engage our students by providing mock exams, and judging posters at the annual meeting. I would love to chat with you about what might role be a good fit. Please don't hesitate to email me at [pohllind@gmail.com](mailto:pohllind@gmail.com).

**No matter how you decide to incorporate ASCLS-Michigan into your resolutions, the impact is felt by all members, MLT and MLS students, other health care professionals and the communities we serve. No contribution is too small.**

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## The Passing of a Former ASCLS Member and Coagulation Expert

ASCLS- President Debra Rodahl recently shared this information:

I am sharing a recent notification from George Fritsma of the passing of a former ASCLS member, Cynthia Johns. With regret, George announces that friend and colleague Cynthia (Cindy) S. Johns passed away this Christmas Eve after many years of treatment for cancer. Cindy was living in Lakeland, Florida, where [plans for her memorial](#) are currently in progress. Cindy was well-known throughout the hemostasis world for her technical and writing skills. She had worked for many years for Colorado Coagulation Consultants and LabCorp. We will miss Cindy.



Cindy Johns

Cindy began her Medical Laboratory Science career in Michigan. She graduated from Michigan State University with a Bachelor of Science degree in 1975. Her one year internship at Bronson Methodist Hospital in Kalamazoo was completed in 1976. She earned a Master's Degree from Central Michigan University in 1997.

Cindy was a speaker at many ASCLS meetings, including our annual Michigan meeting. We value her legacy and offer our condolences to family and friends.



**American  
Society for  
Clinical  
Laboratory  
Science  
Michigan**

### ASCLS-Michigan *Newslinks*

A bi-monthly publication of the American Society for Clinical Laboratory Science - Michigan. Deadlines for articles are the 20th of Feb, Apr, Jun, Aug, Oct, & Dec. Articles must have name of author. Anonymous letters will not be published. The editor reserves the right to edit all materials submitted for publication. Articles appearing in *Newslinks* represent the opinion of the author and may not represent the opinion of the society.

**Membership:** Join ASCLS-Michigan by visiting the ASCLS web site:  
[www.ascls.org/membership/app.pdf](http://www.ascls.org/membership/app.pdf)

#### Non-Member Subscriptions

(\$10 annually) should be made payable to ASCLS-Michigan and sent to:  
ASCLS MI Treasurer  
5363 Drumheller Road  
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**Advertising:** Reach hundreds of Clinical Laboratory Scientists and students!

Advertising rates per issue:

Business Card (or 5 lines):	\$25
1/4 Page Ad:	\$50
1/2 Page Ad:	\$100
Full Page Ad:	\$200

ASCLS-MI Districts & Committees: no fee for announcements, ads or any other relevant and necessary forms of information. 10% discount for ASCLS members.

**ASCLS-MI Leadership:** Visit our web site at  
[www.ascls-michigan.org](http://www.ascls-michigan.org)

for a complete listing and contact information for all ASCLS-MI board members and a wealth of other information on the Society.

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# Clinical Laboratory Science

A focus on what is happening in our profession

Featuring articles from Scientific Assembly Chairs.

Materials from all members are also welcomed. Submit to editor. See page 2 for details.



## High Sensitivity Troponin Arrives in the United States – An Introduction

Paul Guthrie

In the first quarter of 2017 the FDA approved the Roche High Sensitivity (hs) cardiac Troponin-T (cTnT) test for use in the United States<sup>1</sup>. The test has been in use in Europe and other parts of the world for several years. Other vendors including Abbott, Beckman and Siemens have hs Troponin-I (cTnI) available outside of the United States and are awaiting FDA approval. Laboratories across the country are beginning to evaluate the test, and some including the Geisinger Health System and Cleveland Clinic have already implemented it. The laboratory I work at has begun evaluation of the test, and is beginning to plan the critical education and other processes necessary to implement this change.

The transition to high sensitivity troponin (T and/or I) in the United States is likely to take some time. Although the test has been available elsewhere for years, in some ways it is both new and different in the US. That's because the FDA approval was based on different population studies, with different exclusion criteria, decision points, and low end reportable range. We will know the impact of this testing change as the methods from more vendors are FDA approved, and more hospitals gain experience with it. This article provides a brief introduction on the topic.

So what is different about "hs" Troponin? Firstly, it should be noted that the FDA has asked Roche to refer to the test as "next generation" rather than "high sensitivity" in their US packaging and literature. None-the-less, numerous publications over the past years have used the term "high sensitivity" in referring to these tests. Therefore you may see any of these names, which all refer to the same test: High Sensitivity cardiac troponin T (hs-cTnT) = Gen 5 Troponin T = Next Generation Troponin T. One major change for all of the hs Troponins is the unit of measure. The current/old generations were all reported in units of ng/ml whereas the hs tests are

reported in ng/L. This alone is a major change. The reference range for the old cTnT was <0.03 ng/ml and reported to two decimal places. The new test is only reported in whole numbers and has a reference range of <19 ng/L if a single range is used for both genders. If gender specific ranges are used the range is <14 ng/L for females and <22 ng/L for males. I recently attended a seminar on transition to hs troponin where a story told of the importance to widely communicate the change in test result units:

*A patient went to the Emergency Department with chest pain. A hs-cTnT was drawn and her results were 15 ng/L, flagged as "High". Subsequent serial testing and other evaluations showed no evidence of Myocardial Infarction. The patient was discharged. Soon after, her primary care physician, who was not aware of the change in methodology or units, noted the "15" Troponin on her laboratory medical record; the highest level they'd ever seen. The patient was (un-necessarily) called and sent back to an Emergency Department.*

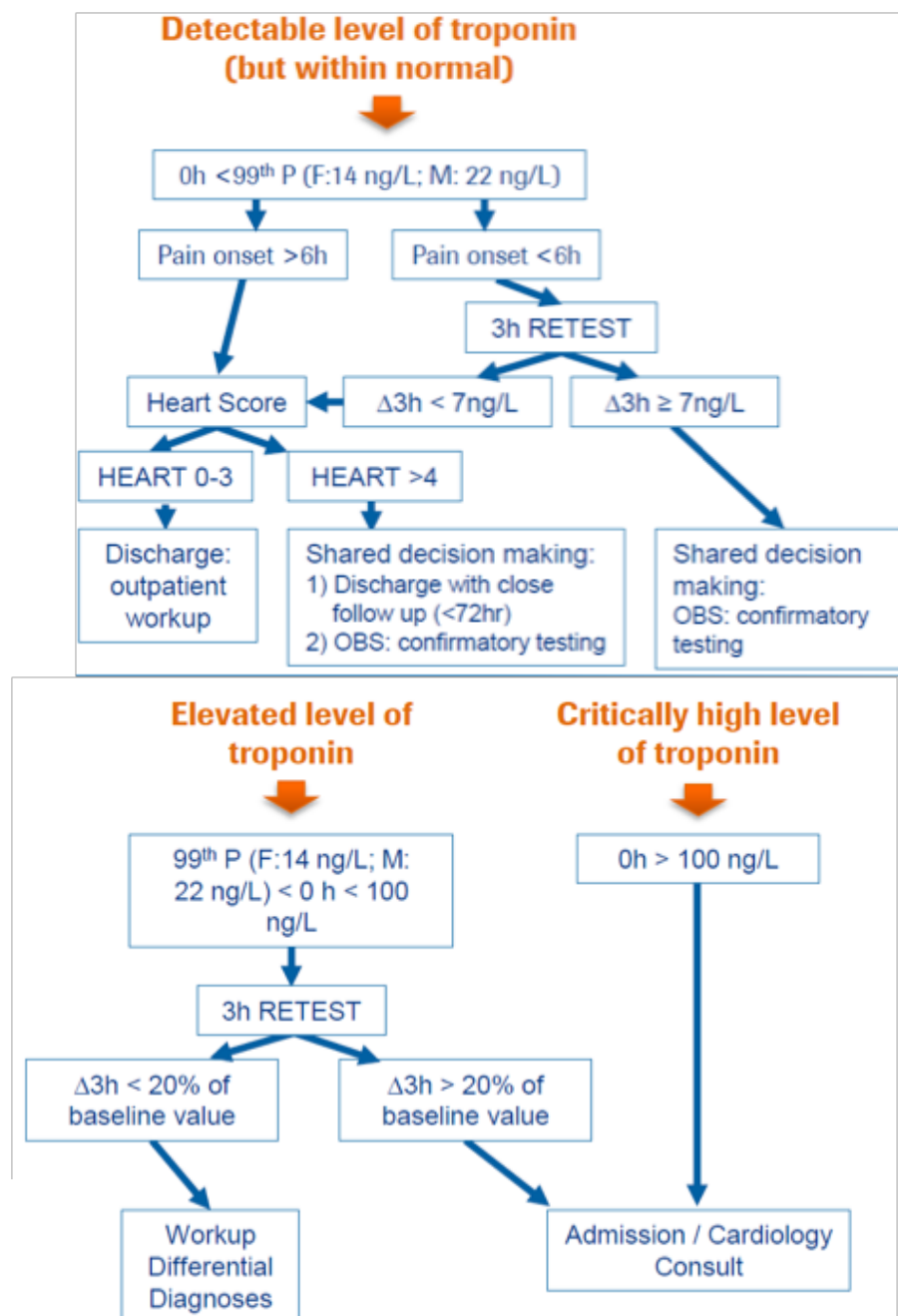
The reference range for hs-cTnT is determined from the 99th percentile of healthy adults. 50% of healthy adults are also likely to have measurable hs-cTnT levels. So, unlike the old version where almost all healthy individuals are reported with a less than value (i.e. <0.01 ng/ml), with hs-cTnT, half of completely healthy individuals will have results like 7, 10 or 12 ng/L. And, with a measuring range of 6 to 10,000 ng/L, the other half of healthy individuals will be reported as <6 ng/L.

Another change that may be associated with high sensitivity Troponins is looking at the test results as not necessarily "positive" or "negative" for myocardial infarction (MI), but rather as a spectrum of risk for both acute and chronic cardiac conditions. Unless the

new test is well understood, some might consider the higher sensitive test to generate many “false positives”.<sup>2</sup> Because hs-cTnT is likely to identify more patients with chronic conditions, it is possible the volume of consults to cardiologists may go up. Abnormal troponin is an adverse prognostic marker regardless of etiology<sup>3</sup>.

To differentiate acute from chronic causes of elevated hs-cTnT, one needs to look at a subsequent, serial test result. A rise or fall in the hs-cTnT result is indicative of an acute condition such as an MI. A steady, unchanging value suggests a chronic condition such as congestive heart failure. For the serial testing draw, in the older generation of cTnT testing the 2nd sample was often drawn 6 hours after the first. With

the newer hs-cTnT, most laboratories are initially looking at a 3 hour time period for the 2nd draw, while some are studying the possible use of a 1 or 2 hour “rule out” draw. Either of these has the potential to speed up the rule out and/or diagnosis of MI and help Emergency Department throughput. Various algorithms are also being developed based upon what level the initial hs-cTnT level is. At the workshop I attended, Geisinger Health System shared their plan, which is based on three categories of troponin values as shown below<sup>4</sup>. Note: the HEART score the graphic refers to is an assessment based on History, EKG results, Age, Risk Factors and initial Troponin : <https://www.mdcalc.com/heart-score-major-cardiac-events>





Changing to the new generation of Troponins will require more effort than what is done with a typical laboratory method change. Many test changes are primarily determined by the laboratory, and notifications are made in the form of newsletters, bulletins or comments appended to testing results. Because troponin is such a crucial test in the assessment of cardiac disease, and because the change is so significant, many clinical partners must be brought into the process from the beginning. These partners would include emergency medicine, cardiology, internal medicine, hospitalists, other physician groups and nurses. Planning and involvement with the HIS/Information Technology is also essential. Once the group of partners has determined how their organization will adopt the new test, extensive communication is required.

Some experts predict “everyone will be using hs Troponins within 2 years”<sup>2</sup>. Time will tell. If your

laboratory has already changed, or is planning on transitioning to this next generation testing let me know how the change went. (See page 2 for editor contact). I can combine your experiences with that of my laboratory and share in a future edition of Newslinks.

#### References:

1. CAP Today, “Next-gen troponin: out of the gate, into the labs”, 11/20/2017
2. CAP Today, “Hopes, fears as users switch to new troponin”, 12/18/2017
3. Everett. Trends in Cardiovascular Medicine, 2017;27:41.
4. Transforming Cardiac Care with Troponin T Generation 5: A Laboratory Perspective, Elsie Yu, PhD, DABCC, FACB Geisinger Health System



## Opioid Epidemic: A National Public Health Emergency

Leticia J. San Diego, Ph. D. – HHS, Fellow FSMB

Certified SCOPE (Safe and Competent Opioid Prescribing Educator)

### Introduction

The drug overdose epidemic is now claiming more lives than homicides and auto accidents combined. It is estimated that opioid fatalities could reach approximately 500,00 Americans in the next decade. The FDA is committed in taking vigorous means to alleviate the epidemic. This author, in her article “Exploring the Opioid Epidemic “ published in the Sept/Oct '17 edition of *Newslinks* laid out strategies being taken all around the U.S. Also included was discussion of initiatives in scientific areas and the detection and reversal of opioid overdose. One of the FDA's important initiatives to address the crisis is to provide prescriber training programs to physicians, health professionals, and drug manufacturers. This Fellow through joint sponsorship of Boston University School of Medicine and the Michigan Department of Regulatory Affairs in collaboration with the Council of Medical Specialty Societies and the Federation of State Medical Boards received an independent grant awarded by manufacturers of extended release (ER) and long acting (LA) opioid analgesics collectively known as the Risk Evaluation and Mitigation Strategy (REMS) Program. The program is fully compliant by the REMS education requirement issued by the US, Food and Drug Administration. This SCOPE Trainer was certified and is conducting and providing education programs on all facets of extended release or long acting pain killers as well as short acting opioids.

### A National Public Health Emergency.

On October 26, 2017, at an event on the East Room of the White House, President Donald Trump declared the opioid epidemic a national public health emergency. The declaration will allow the federal government to speed up appointment of specialized individuals to direct the crisis. President Trump's declaration clearly showed his intention for physicians treating addiction to utilize telemedicine, a long distance consult, to reach the thousands of addicts in rural and hard to reach areas of the United States.

Hearing the declaration, government agencies and industry indicated more government action is necessary to enable his plans. Trump vows to liberate America from the scourge of drug addiction and indicated that his administration would announce new policies to allow treatment at more health care places.

President Trump was severely criticized for not granting funds to fight the crisis. According to Edward J Markey ( D-Mass) “ Trump offered the country a Band-Aid when we need a tourniquet “. Markey co-sponsored legislation seeking \$ 45 billion for the prevention, detection, monitoring and treatment of opioids. Had the president declared this a national emergency (vs a public health emergency), the Stafford Act could have been implemented, which allows use of FEMA funds. Trump's White House officials disagreed,

noting the national emergency label is too broad, an undue burden on the Disaster Relief Fund, and not the right call for a lengthy crisis.

A priority on Trump's declaration is to utilize telemedicine, a phone enabled communication with physicians, pharmacists, nurses to remotely prescribe drugs for drug of abuse and mental illness patients. How this plan will be carried out is unclear. Under a 2008 law, physicians have been barred from prescribing anti addiction medication to patients they have not seen in person first.

True to his plan to appoint specialized personnel to lead and direct the crisis, the president appointed Kellyanne Conway, his special counselor. Conway is a pollster, political consultant, and pundit. She has no history medical or health care experience. She is being dubbed as the Drug Czar. The White House has not announced which if any of Conway's other responsibilities she will give up to lead the opioid response. People are wondering how she plans to coordinate the most vexing public health crisis we face while juggling presidential priorities. This remains to be seen.

### **Telemedicine**

Decades ago, telemedicine was utilized as a way to access care in rural communities. However, quality of services remains a hurdle. At this time, telemedicine still lacks some internal policing of direct- to-consumer sites. Many states call for parity in payments but coverage varies from payer to payer. Telemedicine is limited in type of care it can deliver and the quality of information it can deliver to providers. With that in mind if a provider is not comfortable with the video visit, the patient gets the face to face visit. How telemedicine will work with the opioid crisis is very difficult to comprehend at this time.

### **FDA Promotion of Development of New Treatments**

FDA is taking the necessary measures to initiate the development of new drugs for the treatment of opioid disorder and new formula for the existing medications that could have the characteristics that are better tailored to patient needs. FDA is encouraging the adoption of these drugs as a broader treatment program working with other health agencies. FDA intends to issue new guidelines in support of the new formula of existing medication assisted treatment (MAT). The first one will detail the current guidelines for the approval of the formulation of buprenorphine for opioid dependence. The second will elaborate on those guidelines to establish additional endpoints that may help enhance development of better treatment drugs.

### **Commissioner Testimony to Congress**

In his testimony before the House Committee on Commerce and Energy, FDA Commissioner Scott Gottlieb indicated opioid disorder can be effectively treated. The US Surgeon General says that only about one in ten Americans with substance abuse disorder receive treatment. What is needed at this point is to provide effective treatment to those who need it most to stop the increasing death toll. FDA remains committed to the gold standard for safety and efficacy of drugs and look for ways to hasten development of break through products efficiently to meet urgent needs of patients.

### **Consequences of the Opioid Crisis**

The nation's opioid epidemic has led to the increase in urine testing. This has led to rise in profits for many pain clinics across the US. An investigative report by the Kaiser Health News shows an estimated \$ 8.5 billion a year on urine screen and genetic screen testing which is more than the entire budget of the Environmental Protection Agency.

Medicare and other insurance payers for urine tests expect the clinics will use the results to detect drugs of abuse. Many doctors have taken no action when patients results show positive to street drugs. Federal guidelines indicates physicians should discuss results to patients and provide medication if necessary. The guideline was not followed by many doctors who made enormous amount of money in urine testing. Prosecutors found evidence that those clinics and doctors are supplying opiates to the patients to come back for more urine testing to make more money.

The opioid crisis has impacted life expectancy in US. Reports indicate that life expectancy has been lower in the last two years due to increasing deaths of opioid overdose.

### **Michigan's Response in Combating the Opioid Crisis**

A group of surgeons at the University Of Michigan Hospital has devised an approach to help combat the opioid epidemic. These surgeons started prescribing fewer opioids to reduce the risk of addiction. In spite of less medication, patients did not report higher level of pain, and were less likely ask for prescription refills. The learning from this study indicates patients are getting prescribed more opiates than necessary and doctors can decrease the number of prescription without patients having negative side effects. The implication of reducing the number of pills shows physicians are over prescribing. Not only doctors have to lessen the supply to prevent future addiction but also decrease the chances for diversion and misuse.

Resources from the hospital system to share with clinicians and patients in partnership with the communities include:

- Clinician education on prescribing practice
- Non opioid pain management
- Addressing stigma of addiction
- Treatment option for opioid use disorder
- Patient family and care giver education
- Transition of care
- Safeguarding against diversion
- Collaborating with communities

Here in our state various organizations are assisting to curb the epidemic. The Salvation Army is providing help free of charge to those who needed help. There is no need for insurance, or money to pay. Addicted patients can get help at the Salvation Army for free. The place is a new hope, new beginning and road to recovery for those who needed healing from addiction.

In the increasing drug epidemic, states are increasing prescription drug tracking system to ensure a more effective detection of individuals at high risk of addiction and overdose. Most states around the country improved and enhance their drug monitoring system. Alaska, California, Florida, Michigan, South Carolina, Texas and Wisconsin have implemented policies requiring doctors to log in to the states

prescription drug tracking system before prescribing a controlled substance and to analyze each patients history of drug use and if necessary limit prescription drug renewal of addictive or dangerous medications. The comprehensive mandate are important and valuable tool to curb and control the opioid epidemic.

In his State of the County Address, Macomb County Executive Mark Hackle included the opioid crisis and highlight of the report about the challenges and options before us. It was energizing to hear that the opioid epidemic was in his report. The plan is to pursue a lawsuit to recover money from the drug manufacturers and distributors to finance the treatment of addiction. The Law Firm of Mark Bernstein in partnership with another law firm in New York will handle the cases. The firms assembled an exceptional team of lawyers, legal assistants, investigators to fight for more than eight cities named in Macomb County.

Addressing the opioid epidemic is a shared urgency, and openness to new solutions among state and federal leaders is needed. It requires a collaboration and coordination response from all players, in the supply chain, regulators, drug manufacturers as well as industry and policy makers on the front line to end the epidemic for good and save thousands of lives.



## ASCLS Michigan Awards and Scholarships



**Lindsey Foos, Awards Chair**

That time of the year is upon us; it's nomination time! Can you think of someone who deserves to be recognized at this year's annual state meeting in Plymouth? You could let someone know how much we appreciate their hard work and dedication, or make a difference in a student's life. We could cause students to remain active, members to become more passionate about their work, and non-members to see how dedicated and talented our society is. I ask you to read through these awards and scholarships, and if a deserving individual pops up in your mind to please nominate them. Please know how significant and vital your nomination is.

Awards and scholarships may require completion of the awards application and in some cases, a nomination letter as well. For more information please visit: <http://www.ascls-michigan.org/awards/>

**UNLESS OTHERWISE NOTED\*, SUBMIT ALL AWARDS AND SCHOLARSHIP NOMINATIONS AND APPLICATIONS TO LINDSEY FOOS ([foosl@ferris.edu](mailto:foosl@ferris.edu))  
**NO LATER THAN FEBRUARY 13, 2018****

### **ASCLS-Michigan Member of the Year (Formerly CLS of the year)**

This Award recognizes individuals who have contributed significantly to the goals and mission of the society.



# Annual Awards - Nominate Now!



**Eligibility:** The recipient must be active in professional, civic, and non-professional activities. Along with being recognized during the ASCLS Michigan awards ceremony, they will also be recognized during the national ASCLS annual meeting in Chicago in July 2018.

Please nominate here <http://www.ascls-michigan.org/member-of-the-year/>

## Pam Agren Inspiration Award

This award honors the memory of Pamela K. Agren. Started in 1999, this award is given to recognize the “behind the scenes” activities of a person that benefits the society greatly, but doesn’t always get recognized or highly publicized.

**Eligibility:** Actively involved in behind the scene activities for the society. Recipient chosen by vote of the past 5 recipients of the award.

Please nominate here <http://www.ascls-michigan.org/pam-agren-inspirational/>

## Lifetime Achievement Award

This award is in honor of members who have demonstrated a lifetime of excellence not only relative to the society, but also to the laboratory profession. Previous award recipients include Deanna Klosinski (2017), Lynne Williams (2016), Roslyn McQueen (2015), Suzanne Butch (2014), and Kathy Doig (2013).

**Eligibility:** 20 years in the profession or Professional Society. Evidence of advancing, promoting, and improving the profession. Living during submission of the application, however does not need to be currently active in the profession. No self-nominations allowed.

**\*RECIPIENT VOTED FOR AT THE JANUARY BOARD OF DIRECTORS MEETING. SUBMIT NOMINATION NO LATER THAN JANUARY 14.**

Please nominate here <http://www.ascls-michigan.org/lifetime-achievement/>

## Martha Roulund

This award is for first-year professional member students in ASCLS-MI who show great potential to contribute to the profession and our professional society.

**Eligibility:** Must be a student member becoming FYP in the next membership cycle. Nominees will be submitted by Education Coordinators and ASCLS Michigan Board Members. The Awards committee will establish selection criteria and determine number of recipients based on the budget.

Please nominate here <http://www.ascls-michigan.org/martha-roulund/>

## Donna Duberg Mentorship Award

This award honors the person who best exemplifies characteristics of mentorship. The award has been in existence since 1990 for the purpose of recognizing the person who exhibits outstanding abilities to enlighten and guide others in our profession.

**Eligibility:** Exhibit outstanding abilities to enlighten and mentor others in the profession. Recipient chosen by vote of the past 5 recipients of the award.

Please nominate here <http://www.ascls-michigan.org/donna-duberg-mentorship/>





## Annual Awards - Nominate Now!



### Scientific/Technical/Literature Research Award

This award recognizes the project development contributions made in the technical, education, and management aspects of the laboratory.

**Eligibility:** Any current ASCLS-Michigan member (including students) who have developed a project, e.g. developing a new assay, original education software, analyzing management problems, etc.

Please nominate here <http://www.ascls-michigan.org/new-page/>

### Clinical Poster

This award highlights projects or cases completed by undergraduate and/or graduate MLS professionals of the various laboratory disciplines (biochemistry, cytotechnology, education, hematology, hemostasis, histology, immunology, industry, administration, microbiology, phlebotomy, immunohematology or other laboratory specialty). Guidelines and the application can be found in the middle of 2017 ASCLS Michigan Meeting webpage: <http://www.ascls-michigan.org/meeting/>

**Eligibility:** Undergraduate and graduate. 50% of the participants should be ASCLS-Michigan Members.

Please get more information here <http://www.ascls-michigan.org/clinical-poster/>

### ASCLS-Michigan Board Appreciation

**Eligibility:** Non-member (e.g. pathologist, other laboratorians, vendors, institutions, etc.) who has contributed significantly to the profession and/or society.

**\*RECIPIENT VOTED FOR AT THE JANUARY BOARD OF DIRECTORS MEETING. SUBMIT NOMINATION NO LATER THAN JANUARY 14.**

Please get more information here <http://www.ascls-michigan.org/ascls-michigan-board-appreciation/>



## Annual Scholarships - Nominate Now!



### Joseph Miller Memorial Scholarship

**Eligibility:** An outstanding medical laboratory science student completing their clinical internship in the calendar year in which the award is presented. Recipient will receive a certificate along with a monetary gift determined by funds available.

Please nominate here <http://www.ascls-michigan.org/scholarships>

### Student Forum Scholarship

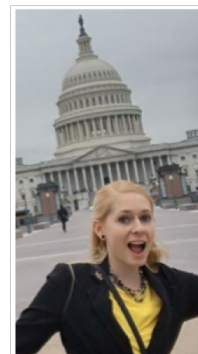
**Eligibility:** Juniors or seniors in an MLS program, or MLT students, who are ASCLS-MI members in good standing, who register for and attend the ASCLS-MI state meeting. Three scholarship recipients are selected (1<sup>st</sup>=\$300, 2<sup>nd</sup>=\$200, 3<sup>rd</sup>=\$100).

Please nominate here <http://www.ascls-michigan.org/scholarships>

**Please Submit Your Nominations by February 13<sup>th</sup>!**

# Resolve To Be Involved! (With Government Affairs, That Is!)

Stephanie K. Rink MS, MLS(ASCP)<sup>CM</sup>



With the arrival of 2018, many of us will be making resolutions, that is, actively deciding to do certain things that we haven't before because we don't think we will have time or that it will be too hard. However, we often discover this isn't the case, and are better off for our efforts! I would like to challenge every laboratory professional in the state of Michigan to make a simple resolution – to do *something* to make a difference in your profession! As Government Affairs Committee Chair, I can attest that there are many ways to can make a difference when it comes to the legislative arena, and they don't have to be as daunting as making an intimidating phone call or writing a lengthy letter – in fact, some take as little as 5-10 minutes, and some can even be fun! Consider resolving to do one (or more!) of the following in the coming year:

## **Take Our Licensure Awareness and Engagement**

**Survey:** As part of the 2017-2018 ASCLS-Michigan Strategic Plan, based on input from ASCLS members, the Government Affairs Committee has been tasked with evaluating the current environment surrounding licensure for medical laboratory professionals. As part of that, we have created this survey to gauge the level of support for licensure within the medical laboratory profession in Michigan. The survey can be reached at <https://www.surveymonkey.com/r/TD5SDMD>. For more information on licensure and its importance for the laboratory profession, please take time to read the ASCLS Position Paper on licensure, found at <http://www.ascls.org/position-papers/176-laboratory-personnel-licensure/152-laboratory-personnel-licensure>

**Donate to the ASCLS/PAC:** The ASCLS/PAC is an important way that ASCLS as an organization gains access to and obtains the attention of lawmakers, by financially supporting lawmakers who have shown themselves to be sensitive to the issues of the laboratory profession. By donating to the PAC, you are helping to ensure our profession has a voice in government that will continue to be heard by lawmakers who will work for our profession's best interests. Donations can be made by visiting [www.ascls.org](http://www.ascls.org) and clicking on "Donate" at the top right.

## **Learn About Your Elected Government Officials:**

Did you know you have a Representative and a Senator in the United States Congress AND a Representative and Senator in the Michigan

Legislature? If so, do you know who they are? Visiting [www.house.gov](http://www.house.gov) or [www.senate.gov](http://www.senate.gov) will let you search for your U.S. Representative or Senator by address, and visiting [www.house.michigan.gov](http://www.house.michigan.gov) or [www.senate.michigan.gov](http://www.senate.michigan.gov) will let you search for your Michigan Representative or Senator. Once you have determined who your legislators are, you can visit their websites, which often contain biographical information, information on legislation they support or sponsor, contact information, times and locations of in-district "office hours," and links to sign up for their mailing lists.

**Reach Out to Your Legislators:** This can be as simple as signing up for their mailing list, to familiarize yourself with and keep yourself up to date on their activities, or sending them a quick email using a form on their website. An example could be: "Hi, my name is \_\_\_ and I live at \_\_\_. I'm a medical laboratory professional, and I'd like to tell you a little bit about what I do." We are often behind the scenes, and letting your legislator know about who we are and what we do is an important step toward professional awareness. If you're up for creating an even deeper relationship with your legislator, consider sitting down and talking with them at a local "office hours." These are times that legislators have set up to meet with constituents in their districts, and are often held at local libraries, community centers, or coffee shops, and are an informal way that legislators get to know their constituents and what matters them.

## **Attend the Lab Week Professional Advocacy Day:**

This is an event that ASCLS-MI organizes every spring to hand out Lab Week promotional items and information about our profession to legislators, which is a fun and easy to promote our profession and stop in at our legislators' offices at the same time. Look for details as they become available. We'd love to see you there!

## **Attend the Annual Legislative Symposium in Washington D.C.:**

Although this one does require some extra effort, it is a GREAT way to both learn about issues affecting our profession and about how to talk to legislators. (It also provides the opportunity to do some great historical sightseeing

in D.C. too!) The Legislative Symposium provides an education on the how-to's of lobbying and informs attendees how to effectively talk to their congressional representative about current issues in the professional (past topics have included the workforce shortage, FDA regulation of laboratory developed tests, grants for educational programs, etc.) Then attendees visit their congressional offices as a group (so no intimidating one-on-one conversations!) and share the information about these issues, which gives attendees first-hand knowledge of the political system in action, and confidence that they make a difference. This year's Legislative Symposium will be held March 19-20, 2018 at the Hilton Alexandria Old Town in Alexandria, VA. More information can be found at <http://www.ascls.org/advocacy-issues/legislative-symposium>.

**Send Us Your Business Card:** Even if you can't attend the Lab Week Advocacy Day or the Legislative Symposium, you can still add your voice to the information that will be shared at those events. We visit the office of each legislator from Michigan, but we don't always have an attendee from every district. However, if we have business cards that we can pass along from laboratory professionals in their district, we can show that these issues affect their constituents, and it makes the issues more personal for them. If you are willing to add your voice to these visits, please send a few (3-5) business cards (along with your residential address so we can match it up to your voting district) to:

Stephanie Rink  
423 E. Baker Ave.  
Clawson, MI 48017

**It would be great to show these legislators all the laboratory professionals living in their districts!**



As part of the celebration of the 90th anniversary of the Michigan State University Biomedical Laboratory Diagnostics program, MSU has launched a creative endeavor to capture "Alumni Stories" on the web. The intent is to document the variety of careers MSU alumni have shaped, and to inspire younger alumni and students. If you are a MSU BLD graduate, please visit this web site and scroll down to the bottom for instructions on uploading your story. Everyone is also welcome to visit the site and review the stories of our Spartan colleagues.

<https://bld.natsci.msu.edu/news-and-events/alumni-and-student-stories-90th-anniversary/>

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PLYMOUTH, MICHIGAN  
SITE FOR THE 2018  
ASCLS-MICHIGAN  
ANNUAL MEETING APRIL 11-13**



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American Society for  
Clinical Laboratory Science  
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