



## President's Message

Lindsay  
Hengesbach

### ASCLS-Michigan is making great strides towards completing its strategic plan.

It is hard to believe that I am already half way through my year as President. At this point, I am happy to report that the numerous volunteers on the board are making great strides towards publicizing and promoting our profession, engaging in legislative activities and developing best practices for communication within the society. Here is a summary of what ASCLS – Michigan has been working on for its members.

One of our main goals is the development of a marketing strategy. We recently found out that leadership at the national level is working on a similar project. The national office has hired Lindsay Kamowski as the ASCLS Director of Marketing and Communications. One of her assignments is to develop a marketing “tool kit” that will be made available to the state societies. Considering this, the Board of Directors decided to put our development of a marketing plan on hold to make sure it is in line with what is being developed nationally.

Our Student Forum Representative, Darby Naheedy, has been a huge contributor to the strategic plan. She has been working tirelessly on a student multimedia competition focused on the marketing our profession. She's is actively receiving videos on our YouTube Channel and taking submissions through March 31. Top prize is \$300, and videos will be

shared with our membership at the annual meeting. More information can be found at our website: <http://www.ascls-michigan.org/>

A delegation of eight members of ASCLS – Michigan will be going to Washington, D.C. on March 19-20 to speak with our nation's leaders on legislation that affects our profession. A topic of huge concern will be the rule proposed by CLIA stating the equivalency of bachelor's degrees in Nursing and Biology. I strongly encourage all our members to speak out against this rule. Our Region IV Director, Beth Warning, has posted our position on the ASCLS Region IV Community. In summary, ASCLS positions is this, “Nursing and biological sciences degrees are not equivalent and creating a regulatory framework where they are, puts the lives of patients at risk.” We want to represent a united front. So please read through our position and post your comments by going to the Federal Register's Request for Information at: <https://www.federalregister.gov/documents/2018/01/09/2017-27887/request-for-information-revisions-to-personnel-regulations-proficiency-testing-referral>

The Communications Committee, consisting of Michelle Russell, Ric Benson and Dan deRegnier, has put forth the recommendation that ASCLS – Michigan move to a more unified file storage system. We are in the process of beta testing G Suite. So far, this program has proved user friendly and a great way to manage our information! Kudos go out to the Communications Committee.

Finally, we are coming up on our state's annual meeting. The Convention Planning Committee, spearheaded by Past-president Kristina Martin, has put together an exceptional program this year. Some of the highlights include Keynotes from Dr. Jeffrey L. Meyers and Dr. Lee Schroeder. We will be continuing the tradition of the Alumni Party and the silent auction is back by popular demand. I can't wait to greet old friend and new friends alike at the Inn at St. John in Plymouth on April 11-13. Registration is still open and can be found at our website: <http://www.ascls-michigan.org/>

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## Call for Delegates to the ASCLS National Meeting

**Michelle Russell, Nominations**

ASCLS-Michigan is recruiting members to represent our state society at this year's ASCLS Annual National Meeting being held in Chicago from July 29 – August 2. Attending the meeting as a delegate is a great way to get more involved in our society and have a voice in key issues.

**Delegates will be reimbursed\* for meeting registration only upon completion of the following duties:**

- **Meet the Candidates**
- **Issues Update**
- **Region IV Caucus**
- **Elections**
- **House of Delegates**

If interested in representing ASCLS-Michigan as a delegate, please submit a paragraph detailing why you would like to be considered for a position. Send your nomination paragraph and any questions to Michelle Russell [russtmich@msu.edu](mailto:russtmich@msu.edu).

Each Delegate Candidate's nomination paragraph will be read at the April 11 Board of Directors meeting at St. John's in Plymouth held from 4:30-6:00 pm. The vote for delegates and alternates will take place the following day on April 12 at the Membership Breakfast from 7:45-9:15 am.

\*Reimbursement for meeting registration is contingent upon fulfillment of the duties listed above. Please see Annual Meeting webpage for additional meeting information.



**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  
Bath, MI 48808

**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.



## When A Referral Is Not A Good Thing

Kristina Martin-ASCLS-MI Feb 5 Chair



Typically, when someone gives you a referral it's a positive experience, however in the laboratory an inappropriate referral may cost your laboratory its CLIA license. When it comes to proficiency testing (PT), labs must ensure that all staff clearly understand the regulations surrounding PT referral including the ramifications of what can happen when a violation of CLIA regulations occurs. Labs may unknowingly violate this rule by misunderstanding the limitations of other standards such as those that require integrating PT into their normal workflow and treating the PT specimen like they would treat a patient.

The College of American Pathologists (CAP) have several checklist items that address this issue. The All Common checklist item COM.01600 outlines how PT should mimic the normal protocol for a typical patient (1); PT should be rotated amongst staff and not have repetitive testing performed unless it is part of the normal testing protocol. Another All Common checklist item, COM.01900 (2), prohibits labs from referring PT to another laboratory. Furthermore, the converse of this situation when a laboratory receives PT from another laboratory requires the laboratory to report it immediately to their accrediting agency. In that situation, as a courtesy, the receiving laboratory should also notify the forwarding laboratory that this violation has been reported.

Things can get complicated easily leaving laboratories in conflict between COM.01600 and COM.01900. What if your standard workflow after an abnormal result is to send the specimen to another laboratory? What if such reflex testing has been set up to be automatically ordered through the laboratory information system (LIS)? What if your PT sample auto-generates an order in the LIS that is processed to a reference laboratory? What measures do you have in place to avert this occurrence?

The answer is very clear from CAP that COM.01900 supersedes COM.01600. This point is also driven home in the online CAP Laboratory Inspector training modules (3). Some laboratory staff might find this obvious when the referral laboratory is another institution, but what if it's part of a large health system with the same staff rotating between various buildings throughout the institution? At first glance the right course of action can be very confusing. However, if you break it down to the core principles it's straightforward. You must use the formal CLIA license number as the gold standard. If the laboratory in question has a different CLIA license number it would be considered a referral by CAP, even if both laboratories are part of the same institution. A large institution might have upwards of 30+ CLIA licenses. In these instances, staff must be extra diligent when deciding whether to process the PT sample as a patient without violating COM.01900. CLIA license assignment is driven by the physical address of the laboratory. Often this can be the same address when the labs are within a contiguous structure, however a laboratory could opt to have several licenses in the same contiguous space as well. This second scenario typically applies to larger institutions that have a dispersed but connected medical campus, typical of an academic medical center.

The potential penalties are severe for a laboratory that inappropriately refers PT samples including huge financial burdens, inability to continue testing, and even removal of the laboratory director. There can also be significant implications for the owner(s) of the laboratory in question. While these penalties might seem severe to the average laboratorian, one needs to recall that CLIA regulations originated to deter laboratories from cheating on evaluations of laboratory test performance, thus providing confidence for patient safety in the output of the laboratory in question. The fundamental goal of CLIA





regulations is to protect patients and ensure that testing occurring at that facility is accurately providing laboratory test results for treatment and diagnosis purposes.

In January of this year, the Centers for Medicaid and Medicare (CMS) opened a public comment period that included the referral process after several laboratories have incurred heavy penalties for what appears to be inadvertent referrals. The question at hand was not to

remove this restriction, but to look at how to gradient the penalties in a more equitable manner when investigation into the issue exposed that the incident occurred due to human error and not malicious intent. In Fiegl's 2014 CAP Today article titled "PT referral rules bring regulatory relief for labs", he outlines the sanctions that exist based on options that are more specific to such an incident (4).

What if you find yourself in the position of having inadvertently referred PT or being the recipient of PT from another laboratory? Transparency is key to ensuring that there is not the appearance of malicious intent from either party. If you are the receiving laboratory, you must not perform the test and inform both the accrediting agency and the sending laboratory of the inappropriate referral. If you are the referring laboratory, you need to notify the accrediting agency and perform a root cause analysis to determine why this occurred and how you will prevent future occurrences. Accurate record keeping of the incident along with immediate notification of your regulatory agency are key to avoiding the most severe penalties when it's shown referral is due to a defective system and/or human error.

## References

1. College of American Pathologists Checklist-COM.01600 PT Integration Routine Workload Revised 08/17/2016 Phase II [http://www.cap.org/web/oracle/webcenter/portalapp/pagehierarchy/accreditation\\_checklists.jspx?\\_afLoop=1104849957954911#!%40%40%3F\\_afLoop%3D1104849957954911%26\\_adf.ctrl-state%3Dlrs8aejfi\\_4](http://www.cap.org/web/oracle/webcenter/portalapp/pagehierarchy/accreditation_checklists.jspx?_afLoop=1104849957954911#!%40%40%3F_afLoop%3D1104849957954911%26_adf.ctrl-state%3Dlrs8aejfi_4)
2. College of American Pathologists Checklist-COM.01900 PT Referral Revised 08/17/2016 Phase II [http://www.cap.org/web/oracle/webcenter/portalapp/pagehierarchy/accreditation\\_checklists.jspx?\\_afLoop=1104849957954911#!%40%40%3F\\_afLoop%3D1104849957954911%26\\_adf.ctrl-state%3Dlrs8aejfi\\_4](http://www.cap.org/web/oracle/webcenter/portalapp/pagehierarchy/accreditation_checklists.jspx?_afLoop=1104849957954911#!%40%40%3F_afLoop%3D1104849957954911%26_adf.ctrl-state%3Dlrs8aejfi_4)
3. College of American Pathologists Inspector Training [http://www.cap.org/web/home/lab/accreditation/inspector-training?\\_afLoop=1103922615196771#!%40%40%3F\\_afLoop%3D1103922615196771%26\\_adf.ctrl-state%3D1bpjbemsuc\\_4](http://www.cap.org/web/home/lab/accreditation/inspector-training?_afLoop=1103922615196771#!%40%40%3F_afLoop%3D1103922615196771%26_adf.ctrl-state%3D1bpjbemsuc_4) Accessed February 16, 2018
4. Fiegl, Charles. "PT Referral Rules Bring Regulatory Relief for Labs." CAP Today Online, July 2014. <http://www.captodayonline.com/pt-referral-rules-bring-regulatory-relief-for-labs/> Accessed January 27, 2018



## Strategies in Combating the Opioid Epidemic

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

Certified SCOPE (Safe and Competent Opioid Prescribing Educator)

### Part 3 in a series

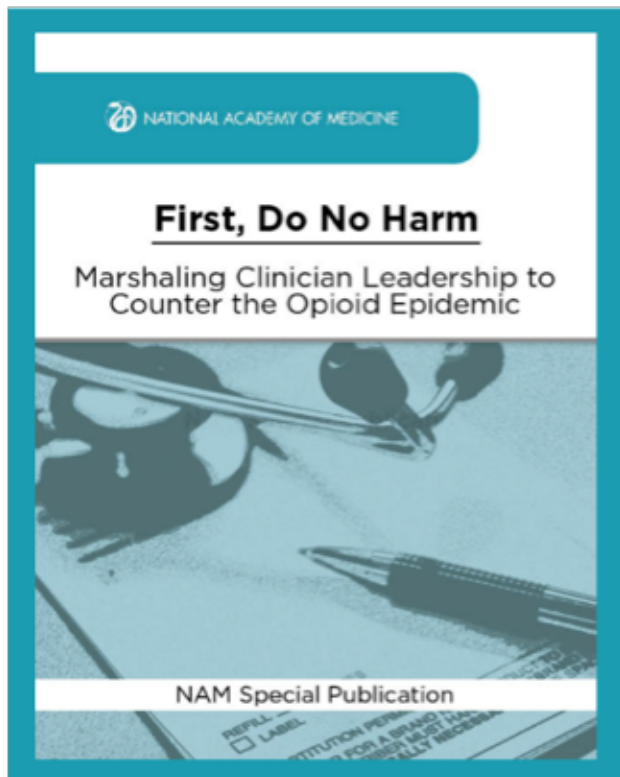
The opioid epidemic has shown its impact in families and communities across the U.S. The national consensus is to focus on initiatives that are necessary to assist those suffering from addiction and counteract the trends that led to the epidemic.

There are numerous reports, initiatives and recommendations being pursued by federal, state and local governments, the justice department, law enforcement and non-profit organizations, health and medical professionals, clinicians, drug manufacturers, industry, citizens and advocates.

The National Academy of Medicine (formerly known as the IOM) Institute of Medicine was established in 1970 under the charter of the Academy of Sciences to advise the nation on issues of health, medical care and biomedical and technology.

Recently, NAM hosted a conference across all sectors to create multilateral strategies to share and work toward a common objective. The convener developed focus areas such as education and training of care providers, the continuum of care, multicultural changes and data and research needs. This is just the starting point, They will continue to develop directions for the initiatives. NAM indicates prompt, collective action is the only pathway to solve the epidemic and everyone is needed on board. NAM has released the publication "First, Do No Harm – Marshaling Clinician Leadership to Counter the Opioid Epidemic" as a call to action for clinicians. The paper speaks in particular to the roles of clinicians, both as primary gatekeepers for the appropriate use of these drugs and as first responders to the consequences of their misuse.

<https://nam.edu/national-academy-medicine-releases-new-special-publication-guide-help-health-clinicians-counter-opioid-epidemic/>



**Sessions: DEA to Target Pharmacies, Prescribers**  
Attorney General Jeff Sessions announced Tuesday the plans of DEA (Drug Enforcement Administration) to target the nation's pharmacies, and prescribers in a

nationwide crackdown against opioid. Investigation will begin right away on pharmacies and prescribers that are issuing disproportionate opioid prescriptions. Sessions indicates he has assigned experienced prosecutors in opioid hot spots to investigate and prosecute health care fraud as well.

### **Kellyanne Conway's Opioid "Cabinet"**

Conway has taken control of the opioid agenda and sidelined people who are drug experts and knowledgeable in policy regulations. She relies on the political staff to address the crisis. The main response so far is to call for a border wall and a "say no" campaign. Much of the White House messaging about opioid depicts that the epidemic is an Imported crisis, not one that is homegrown and complex fueled by both legal and lethal street drugs.

Conway's role in opioid crisis has caused confusion on Capitol Hill. Whatever her ties to President Trump, her career has been in polling and politics not public health, substance abuse or law enforcement. Her cabinet members do have broad health experience but they don't match the expertise and experience of professional staff. The Office of National Drug Control Policy (ONDCP) has the expertise the White House needs. The West Wing does not have the staff capability to carry out drug policy work like the ONDCP.

The opioid epidemic needs leadership that speaks the language of drug policy. We have not seen that kind of coordination of this critical program.

### **Excerpts from Trump's State of the Union Address**

"Committed to fighting drug epidemic and helping get treatment for those who have been terribly hurt but the struggle is hard. At the end we will succeed. We will prevail." He then presented a guest who once stopped an addict from overdosing.

### **Congress**

Congress just passed the 3 billion dollars to combat opioid and substance abuse. This only a drop in the bucket. Democrats requested 29 billion funding.

### **Legal Actions**

Lawsuits against drug manufacturers continue to increase. More than 100 suits have been filed around the nation.

As group experts and field leaders explore initiatives to fight the opioid epidemic, clinicians can improve their skills and effectiveness and leadership engagement to fulfill their responsibilities in their communities. Efforts such as these can begin to address this national health crisis.



## ASCLS-Michigan Records to be Archived as Part of Michigan's History

Suzanne Butch, ASCLS-Michigan Historian



I met with Mike Smith who is the Johanna Meijer Magoon Principle Archivist for the Michigan Historical Collections at the Bentley Historical Library of the University of Michigan. I showed him a number of our items from our collection. He agreed that our documents should join those of John Sinclair and the Michigan Governors Milliken, James Blanchard, John Engler, and Jennifer Granholm to name a few notables, in becoming a little bit of archived Michigan History!

He gave me a tour of the facility. It is temperature and humidity controlled. He introduced me to archivists who are sort, restore and digitize the documents as well as the room researchers use to view documents. I have attached a flyer about the library for your review.

They would like to take both our paper and electronic records. They will sort through them, remove and return any documents that they do not want (financial records for example) for the collection. They would like us to send future records to them, preferentially digitally. They will organize them and

create an searchable index. Eventually, they will be digitized. They would like us to continue to send them our newsletters, programs, meeting minutes, board reports, etc.

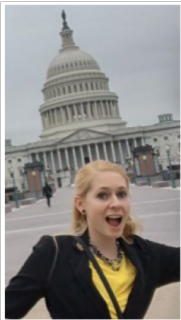
We and the general public will have access to them under controlled conditions. Any documents digitized can be reviewed on-line. There are no charges to us for any of these services.

In order to move forward, the we need to complete the Gift Agreement. I indicated that the Board would meet and we would obtain a motion to direct me to proceed with the gift to the University of Michigan Bentley Library and sign the agreement.

I am really excited about our records becoming archived as a part of Michigan History. Should you have any questions, please let me know.

Suzanne

ASCLS-Michigan Historian  
[butchs@umich.edu](mailto:butchs@umich.edu)



## Occupational Regulation and Scope of Practice – In Support of Licensure

Stephanie K. Rink MS, MLS(ASCP)CM  
 ASCLS-Michigan Government Affairs Committee Chair

Recently, CMS published a proposed ruling to consider a nursing degree equivalent to a degree in biological sciences for the purposes of performing, supervising, and directing moderate- and high-complexity testing. While this ruling has many laboratorians concerned (ASCLS is actively working with other laboratory groups to develop a strong unified response to CMS\*), it also leads to an excellent opportunity to discuss current mechanisms by which laboratorians are credentialed, and how those mechanisms (to varying degrees) ensure competent testing personnel and protect our scope of practice. In general, there are four credentialing mechanisms: Licensure, Certification, Title Protection, or Registration.

Licensure, the strongest of the four credentialing mechanisms, occurs when a state government allows an

individual to practice within an occupation after verifying that the individual has completed the minimum requirements set to ensure patient and public safety. If a state has licensure as a requirement, a laboratory professional MUST be licensed to legally work within the scope of practice defined by the license, and employers MUST hire only licensed individuals. While some states do employ licensure as means of regulating the medical laboratory profession, Michigan does not currently have a licensure requirement for medical laboratory professionals, and thus there are no legal requirements (beyond the very minimal requirements set by CLIA) for who is qualified to perform medical laboratory testing in our state. Certification is the mechanism with which medical laboratory professionals in Michigan are likely most familiar; it is the process by which a non-governmental



entity (such as the BOC, AAB, or AMT) recognizes an individual who has met certain requirements set by that entity. It is a voluntary process for both employees and employers, so while some employers may prefer to hire only certified individuals, there is again no legal requirement in the state of Michigan for employers to hire certified individuals or for individuals performing medical laboratory testing in the state of Michigan to become certified. Title Protection is when a state government grants permission to individuals who have met certain requirements to use a specific title. Thus, there is a legal requirement for individuals using that title to meet the requirements set, but individuals who do not meet the requirements can still practice by simply using a different title. Registration is when a state government identifies all individuals in an occupation on a maintained roster; it may be mandatory, but there are no educational or competency requirements associated with registration. Neither of these are in place currently in Michigan.

ASCLS and ASCLS-Michigan have long supported licensure as the standard credentialing mechanism for laboratory professionals, in order to assure patient safety by ensuring quality laboratory services are performed by adequately educated and qualified medical laboratory professionals. Indeed, most other healthcare professions (nursing, pharmacy, physical therapy, etc.) utilize state licensing as the regulatory mechanism for credentialing their practitioners. There are many benefits to licensure, including but not limited to: Patient Safety, Protecting the Scope of Practice, and Access to Workforce Data.

The first and foremost concern with ensuring competent practitioners in the medical laboratory profession is the assurance of patient safety. CLIA does set very minimum standards for testing personnel, but most in the medical laboratory profession agree that significantly higher standards are necessary to assure high-quality, equitable laboratory testing for all patients. Even CLIA has linked accuracy and precision failures from CMS reports to undertrained individuals at various sites, and with such a prominent focus currently placed on patient safety in healthcare, it is critical to recognize and ensure that only educated and trained medical laboratory professionals be responsible for overseeing the entire testing process, including managing pre-analytic, analytic, and post-analytic variables. Secondly, licensure defines and protects the scope of practice, by preventing underqualified individuals, or those not meeting the requirements for licensure, from practicing. ASCLS believes that all healthcare professionals are best suited to perform the roles for which they were educated, and as such, by having only competent, qualified medical laboratory professionals practicing within our scope of practice, patient safety and public health will be enhanced,

***Recently, CMS published a proposed ruling to consider a nursing degree equivalent to a degree in biological sciences for the purposes of performing, supervising, and directing moderate- and high-complexity testing.***

resource utilization can be improved, and subsequently our expertise will become more highly respected and valued. Finally, in addition to ensuring qualified personnel and protecting scope of practice, licensure also provides a mechanism by which accurate workforce data can be collected and utilized. Currently, a lack of workforce data means our profession regrettably misses out on opportunities developed for and offered to other professions experiencing shortages, such as government funding for students and educational programs.

For more information on licensure or scope of practice, please see the pertinent ASCLS position papers at <http://www.ascls.org/advocacy-issues/position-papers>, stop by the GAC table at the upcoming ASCLS-Michigan Annual Meeting and Exhibits at the Inn at St. John's in Plymouth this April 11-13, or consider attending session #19 at the Meeting, "Genetic Counseling Licensure in Michigan: The Long and Winding Road," for another profession's perspective on the importance of licensure and what it could mean for a profession to obtain licensure. And don't forget to take the ASCLS-Michigan GAC survey on licensure awareness and engagement at <https://www.surveymonkey.com/r/TD5SDMD>!

\*While ASCLS works on a formal response to the proposed CMS ruling on behalf of the profession, refer back to the GAC article in the January/February edition of Newslinks for actions individual laboratorians can take immediately. In addition, it is crucial to maintain your ASCLS membership. Professional membership is key to receiving timely, accurate, up-to-date information on critical issues facing our profession, such as this, via email updates, action alerts, etc. Furthermore, there is a "strength in numbers" when the Society submits its formal comments, representing the UNIFIED laboratory community as a whole, which cannot be achieved by individual comments alone. Membership also supports ASCLS activities such as employing a legislative consultant to monitor and advise on situations such as this and others, sending members to Washington D.C. to participate in legislative activities (such as lobbying, meeting with CMS and CLIA designees, etc.), and many other behind-the-scenes activities that would not be possible without the support of laboratorians via their professional membership. Visit <http://ascls.org/membership/join> to become a member, or if you already are a member, keep an eye out for renewal notices starting this Spring.



# 2018 Annual Meeting & Exhibits

## Register Now-You Don't Want to Miss This!



### American Society for Clinical Laboratory Science - Michigan

Presents:

#LIVELOVELAB

April 11 - 13, 2018 • The Inn at St. John's • Plymouth, MI

ASCLS-Michigan is proud to present this year's program "#LiveLoveLab"! Make plans to attend the 2018 ASCLS-Michigan Annual Meeting and Exhibits at the Inn at St. Johns in Plymouth, Michigan. It's our pleasure to offer continuing education sessions presented by speakers who are the very best in their fields and an exhibit hall filled with industry leading vendors. Honor your fellow laboratorians across the career spectrum at the Annual Awards Ceremony. Network with over 500 laboratory professionals and connect with old friends at the Alumni Party. We even have an opportunity to win a free year of ASCLS membership following our closing keynote speaker.

Mark your calendars now for this 3-day event that abounds with engaging opportunities!

Kristina Martin  
ASCLS-Michigan Annual Meeting General Chair  
#LiveLoveLab



Schedule of events below. Visit our web site for details and registration:

<http://www.ascls-michigan.org/meeting/>

### Wednesday, April 11th

7:30-4:00	Registration				
8:00-9:00	1. When Iron Regulatory Proteins Go Bad! (H/C)	2. Biomarkers in GU Cancers (U/C)	3. <i>Mycoplasma Genitalium</i> (M)	4. Rule #1: Every Rule has an Exception - Applying Critical Thinking in the Lab (C)	5. Transgender Medicine & Laboratory Science (G)
9:15-10:15	6. Patient Family Centered Care & Pathology's Role (G)				
10:30-11:30	7. 2016 WHO Classification - What's Changed, What's Not (H)	8. RhD Genotyping in Clinical Practice: A Closer Look at Weak D & D Variants (BB)	9. Budgeting 101 (G)	10. Urine Drug Screening for Compliance Monitoring: Challenges & Rewards (G)	11. What we do Matters to Someone (LM/H)
11:45-12:45	Lunch				
1:00-2:00	12. T4 Subsets - The New Kids on the Block (H)	13. Blood Bank Combination Antibodies: A Case Study Review of Anti-f, -G, -U & Fy3 (BB)	14. Next Generation Sequencing (NGS): A Comprehensive Clinical Genetic Testing (MO)	15. ASCLS & the New Member/New Professional (G)	16. Leadership Issues (LM)
2:00-3:15	Dessert Reception with Exhibitors			2:30 - 3:00: Newcomer's Reception	
3:15-4:15	17. Peripheral Blood Smear Case Studies & Morphologic Review (H/R)	18. Healthcare-Associated Infections & the Clinical Laboratory (M/G)	19. Genetic Counseling Licensure in Michigan: The Long & Winding Road (G)	20. Serum vs. Plasma as a Specimen Choice (C)	21. Phlebotomy Lean Facility Design (LM)
4:30-6:00	ASCLS - Michigan Board of Directors Meeting				

Poster Judging 2:00 - 4:30





# Annual Meeting - Register Now!



Thursday, April 12th

7:30-4:00	Registration				
7:45-9:15	Continental Breakfast & Membership Meeting ( <i>All Attendees Invited to Participate</i> )				
9:30-10:30	22. Cell Biology for Medical Laboratory Professionals (H/IM)	23. Can Sickle Cell Disease be Cured? (H)	24. Microbiology Jeopardy (M)	25. Prostate Cancer: Biomarkers, Laboratory Diagnosis, Prognosis & Interception of Laboratory Values Following Treatment (C)	26. Disaster Planning (LM)
10:30-11:15	Beverage Break with Exhibitors			Student Forum Meeting & Beverage Break	
11:15-12:15	27. CART Cell Therapy (CG)	28. Leukemia Case Studies (H)	29. ASCLS Cuba Delegation Experience (G)	30. Sjogren's Syndrome: What's New (C)	31. What Would You Do? Ethical Issues in Laboratory Medicine (LM)
12:15-1:30	Lunch with Exhibitors - ( <i>No Separate Student Lunch</i> )				
1:30-2:30	32. Genetics & Molecular Diagnostics Review (MO/R)	33. Hemoglobin Depletion in Donors (H/BB)	34. Multiplex PCR (M/MO)	35. Implementing High Sensitivity Troponin Testing: Challenges & Lessons Learned (C)	36. Use of Barcoding in the Clinical Laboratory (G)
2:45-3:45	37. Blood Bank Review (BB)	38. The Challenging Diagnosis of Treacherous Hemoglobinopathies (H/C)	39. Human Microbiome in Health & Disease (M)	40. Basic Chemistry Pathophysiology Review (C/R)	41. What is Safe? (S/G)
4:00-5:00	42. Urinalysis Review (U/R)	43. Single Domain Antibodies - Therapeutic & Diagnostics Implications (IM)	44. MALDI TOF (M)	45. National Legislative Symposium Update (G)	46. Lab Stewardship (LM)
5:30-7:30	All School Alumni Party ( <i>All Attendees Invited to Attend</i> )				

Exhibits Open 10:30 am - 1:30 pm #59 - P.A.C.E.® Poster Review - 7:45 am - 5 pm

Friday, April 13th

7:30-2:30	Registration				
8:00-9:00	ASCLS-Michigan Awards Ceremony				
9:15-10:15	47. Diagnostics in Global Health: Time to Strengthen this Weakest Link (G)				
10:30-11:30	48. ROTEM (H)	49. Development of an Assay to Measure Microbiome Disruption in Rectal Swabs as a Risk for Gram-Negative Infections (M)	50. Innovative Approaches to Patient Identification in the Ambulatory Care Setting (LM/G)	51. The Secret Stories of Sodium: How Healthy People Die from Sodium Imbalance (C)	52. Pathogen Reduction: A Proactive Approach to Improving Blood Products Safety in the Hospital Setting (BB)
11:45-1:00	Lunch & Lifetime Achievement Award Presentation - <i>Recipient: Linda Goossen, PhD, MT(ASCP)</i>				
	53. Professional Visibility ( <i>all are welcome to attend</i> )				
1:15-2:15	54. Cell Therapy (BB/G)	55. Tick Borne Illnesses - Ecology & Epidemiology (M)	56. Management Skills in a Busy World (LM/G)	57. Vitamin D: Why We All Need a Little Bit of Sunshine (C)	
2:30-3:30	58. What do you REALLY know about the PROFESSION of Medical Laboratory Science? (G)				
3:30	Closing Comments, Prize Drawing & Conclusion of Event ( <i>After final Keynote session we will hold a drawing for a chance to win FREE ASCLS Membership for 1 year</i> )				

# 59 - P.A.C.E.® Poster Review 8:00 am - 3:30 pm



## Make a Video, Promote Our Profession



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# ASCLS-MICHIGAN STUDENT VIDEO CONTEST

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Make a video about what it means to be a laboratory professional, who laboratory professionals are, or how professionals such as yourselves aid in the treatment and healthcare of others, and you could win up to \$300\*! Visit the ASCLS-Michigan website or Facebook group for information on how to enter. Prizes will be awarded at the ASCLS-Michigan Spring State Meeting April 11, 2018 - April 13, 2018. Registration forms are available on the ASCLS-Michigan website, Facebook, or sent via email. Contact us with questions!

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\*Must be an ASCLS-Michigan member enrolled in a Medical Laboratory Science program at a Michigan college/University or a professional with Michigan hospital affiliation completing clinical rotations in order to qualify. Applicants must also have a valid YouTube account to enter.



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ASCLS-MI 2018 SPRING MEETING

# SILENT AUCTION

APRIL 11 2018 - APRIL 12 2018



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