

## President's Message

Stephanie K Mabry



### That Which We Call A Rose

Greetings ASCLS-Michigan members, and welcome to another new year with ASCLS and ASCLS-Michigan! It is my pleasure to serve you as the 2019-2020 ASCLS-Michigan President, and I am so excited about the many things we have planned for this coming year. As part of the strategic plan presented to the Board of Directors in June, there were three main areas on which we plan to focus this year: Leadership Development, Communication, and the Conference.

The Leadership Development Committee, chaired by Kristina Martin, has already been hard at work finalizing a years-long project to update the ASCLS-Michigan handbook, so that it aligns with recent Bylaws changes regarding membership categories and so that our Board members are better able to carry out

their roles in the organization. With regard to Communication, did you know ASCLS-Michigan recently created a new Facebook page? Check it out at [www.facebook.com/ASCLSMI](https://www.facebook.com/ASCLSMI)! This is a place where information about the organization, scholarship opportunities, and things such as photos from the state meeting get shared in real time, so make sure you Like and Follow the page to stay connected!

The Conference Committee has also been hard at work, strategizing ways to improve our state meeting. If you are a regular attendee of the meeting, you may have noticed some changes to the format this past year. The most exciting change (for me) was that lunches were included with the registration – no separate lunch fees! Another enjoyable change was the addition of a Lifetime Achievement Award Reception to honor this year's awardee, John Landis. This reception, held in conjunction with the conference allowed both attendees and non-attendees of the meeting to come and celebrate John and his contributions to the field of laboratory science. A third change was the addition of a career fair on Friday. The goal is for this to grow into a Career Symposium next year, with mini-sessions on career-development topics for students or anyone else looking to enhance their career skills! Save the date now; the 2020 Conference is not to be missed! It will be April 15-17, 2020 at the Radisson in Kalamazoo, Michigan. As a final change, the conference committee is also soliciting suggestions from you for topics or speakers for the meeting. If you want to speak, or see a specific topic discussed, submit your ideas to [www.ItsInOurBlood.org](https://www.ItsInOurBlood.org) by September 30th!

Speaking of changes, you may be wondering, "Who is this Stephanie Mabry? I thought we elected Stephanie Rink as President!?" Well, we are actually the same person; I got married in May, and after much thought and discussion, I decided to change my last name. In a

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similar vein, 10 years after the unification of the NCA and ASCP BOR to create the Board of Certification, there is still much thought and discussion on what we, as medical laboratory professionals, should be called. Claude Rector from Arkansas recently wrote an article about this topic entitled "What's In a Name?" where he discusses whether what we call ourselves matters with regard to employment and wage data, and if so, what should we be called? Would "that which we call a rose by any other name smell as sweet?" Should we update and standardize our nomenclature to MLS and MLT to align with the newest credentials? If you haven't yet, I encourage you to read it at [https://www.ascls.org/communication/ascls-today/337-](https://www.ascls.org/communication/ascls-today/337-ascls-today-volume-33-number-4/572-what-s-in-a-name)

[ascls-today-volume-33-number-4/572-what-s-in-a-name](https://www.ascls.org/communication/ascls-today/337-ascls-today-volume-33-number-4/572-what-s-in-a-name) and weigh in with your thoughts by emailing Claude or visiting <https://www.facebook.com/ASCLS/> and scrolling to the post from August 8th.

Finally, if you'd like to weigh in with your thoughts in person on a variety of topics to be discussed at the ASCLS-Michigan Fall Board Meeting, you are more than welcome to join us; the meetings are open to all ASCLS-Michigan members! The next Board meeting is Saturday, September 21, at 9:00am at the MSU Veterinary Diagnostic Laboratory in East Lansing, MI. I hope to see some new faces there, and I look forward to working with you all over the course of this year!

If a doctor is a doctor, a nurse is a nurse, and a pharmacist is a pharmacist, is there a name for the medical laboratory professional? What should we be called? Med tech? How about just laboratorian? Or do we go with a favorite of mine, "I work in the lab."

I hope everyone is ready to share their thoughts on this topic. I remember the debate that arose when ASCLS introduced the new membership category names. Here is your chance to be heard. Please Email your ideas to [clauderector@gmail.com](mailto:clauderector@gmail.com). I look forward to reading and sharing your responses.

***Claude Rector** is assistant professor, clinical laboratory sciences, in the College of Nursing and Health Professions at Arkansas State University-Jonesboro*



**American  
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### 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.

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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.



## Case Study: Package Inserts- New Finding for Urine Amphetamine Drug Screen

Paul Guthrie, Chemistry Scientific Assembly

If you perform urine drug screens, it's likely at some point, you'll get phone calls about the tests. These calls can be opportunities to both instruct and learn. In the hospital where I work, recently a Perinatal Nurse Specialist called the laboratory to inquire on a positive urine drug screen from an obstetric patient. The screen was positive for Amphetamine/ Methamphetamine. The patient denied use of any of the drugs known to cause positive results for this test. It was noted she was receiving medication for high blood pressure. A review of hospital urine drug screening processes and the findings in the case follows.

The drug screening methodology in most hospital laboratories utilizes immunoassay techniques. Antibodies to the drug being screened are incorporated into a reagent/detection system. These antibodies are typically specific to classes of drugs with varying cross reactivities between drugs in that class. Results of these "medical" urine drug screens are presumptive. Confirmatory testing must be done by other methods. In our laboratory, this requires sending the sample to a reference toxicology laboratory and that is only done when requested by the ordering physician. To these points, drug screen package inserts typically include the following comments:

*Please note that drug screens provide only preliminary analytical test results. A more specific alternate chemical method such as gas or liquid chromatography/mass spectrometry (GC/MS, LC/MS) must be used in order to obtain a confirmed analytical result.*

*Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive (presumptive) results are used.*



A classic example of specificity and cross-reactivity for immunoassay drugs screens is opiates. Most screens for opiates only detect those drugs derived from the opium poppy. Most are designed to detect morphine. They will also detect codeine and heroin. However they will not detect synthetic opioids such as oxycodone or fentanyl. For this reason we attach the following comment to all opiate screen results:

**Methodology Comment:** *This assay detects morphine at concentrations of 300 ng/ml and higher. Codeine and Heroin are also detectable. This assay is less sensitive to hydrocodone, which is detected only at high concentrations.*

*This assay does NOT detect other opioid analgesics; specifically it does not detect methadone, fentanyl, oxycodone, buprenorphine, or propoxyphene. If there is a question of therapeutic compliance or abuse of these drugs, a test for the specific drug of interest should be ordered*



## Urine Amphetamine and Labetalol

The Amphetamine screen is designed to primarily detect Methamphetamine and Amphetamine. Most immunoassays cannot distinguish between the two clinically, because amphetamine is a metabolite of methamphetamine. The package insert for this test lists several other drugs that cause positive results. These include drugs that have even higher cross reactivity such as MDMA (Ecstasy) and others with very low reactivity, such as the cold medication pseudoephedrine.

Labetalol is a Beta blocker that can be used to treat high blood pressure. It was not directly listed by name in the amphetamine package insert as cross-reacting. However a Google® search for "Labetalol" and "Amphetamine Drug Screen" found a journal article<sup>1</sup> which noted: "a Labetalol metabolite is structurally similar to amphetamine and methamphetamine..." Further study of the amphetamine drug screen package insert showed a compound "1-Methyl-3-phenylpropylamine" that could cause a positive result. Somewhat buried in footnote in a tiny font on another page was the comment that this was a metabolite of Labetalol.

As a result of this finding, the comment we apply to Amphetamine drug screen results was updated to:

**Methodology Comment:** *This assay detects amphetamine and methamphetamine at levels of 500 ng/ml and above. It also detects MDMA (Ecstasy) at levels of 200 ng/ml and above. NOTE: Labetalol and Trazodone may also cause positive results with this drug screen.*

In addition, the amphetamine reagent manufacturer was contacted to request the package insert be revised to include the name of the parent drug in the table of cross-reactivity. They agreed this would be helpful, and recently issued a bulletin indicating this update.

## References

1. False-positive amphetamine toxicology screen results in three pregnant women using labetalolm Yee LM, Wu D. Obstet Gynecol. 2011 Feb; 117(2 Pt 2):503-6 <https://www.ncbi.nlm.nih.gov/pubmed/21252805>



## ASCLS Community Pages

Ninive Costa, GAC chair for ASCLS-MI



If you have not already had a chance to look at the ASCLS Community page please do so!

There is a Regional event coming up and all Government Affairs meeting information will be posted on those community pages.

Please see the Community page for [Region IV](#) and for [ASCLS-Michigan](#) We will try to keep you informed of all events. If you are interested in Government Affairs and would for me to bring up anything at the monthly conference calls please let me know! You can find contact information on the website Leadership list.

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## ASCLS-Michigan Well-Represented at the Joint Annual Meeting!

Stephanie K. Mabry



This past June was the first ever Joint Annual Meeting (JAM), a combined annual meeting for ASCLS and the Association of Genetic Technologists, and it was an excellent time for the over 25 laboratorians from Michigan who attended!

First, two of the three ASCLS Leadership Academy participants from Region IV are from Michigan (Romy Selzer and Billie Ketelsen), and they kicked off their year the weekend prior to the JAM, and participated in a variety of leadership development activities throughout the week.

Second, Michigan had a strong showing when it came to awards and accolades. In addition to our Key to the Future recipient (Darby Naheedy) who was recognized with a key-shaped badge pin, and our many Omicron Sigma award recipients who were recognized with a distinct badge ribbon, the following members were recognized for their accomplishments during the ASCLS Awards Ceremony:

- **John Landis** – Constituent Society Lifetime Achievement Award recipient
- **Dan deRegnier** – Constituent Society Member of the Year Award AND 2nd place in the Constituent Society Website category
- **Abbey Hilden** – Royce Watson Alpha Mu Tau Scholarship recipient
- **Sharon Ziemba** – Edward C. Dolbey Graduate E & R Fund Scholarship recipient
- **Rebekah Martin** – CLS Journal Distinguished Author Award in the Focus category
- **Kyle McCafferty** – ASCLS Ascending Professionals Forum Travel Grant recipient
- **Allison Young** – Beckman Coulter Travel Grant recipient

Finally, there were the multitude of leaders from Michigan serving in various national leadership capacities, but of special note is that our very own **Roslyn McQueen** celebrated the end of her tenure as national ASCLS President, and is looking forward her next role as ASCLS Past-President. It has been an honor for Michigan to be represented at such a high level and by such an esteemed individual. Thank you Roslyn, and thank you to all the laboratorians from Michigan who attended this exciting event! I can't wait to see what the JAM next year from June 28-July 2, 2020 in Louisville, KY will bring!





## An ASCLS Affair: My experience as a first-time attendee at the Joint Annual Meeting

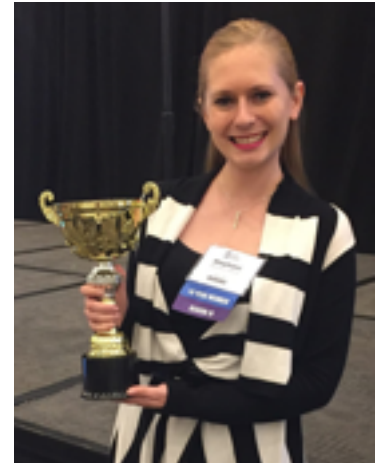
Caitlyn Crone, MLS(ASCP)CM, District 3

This past June, I had the honor of being “chosen” to run in the election for ASCLS-Michigan delegates to the ASCLS national meeting – the Joint Annual Meeting (or JAM, for short) in Charlotte, NC. I phrase it as such because in reality, I wasn’t the first one to put my name out. On the last morning of the ASCLS-Michigan Annual Conference, we were asked for nominations of those interested in running for the 5 elected delegate positions to attend the Joint Annual Meeting. Dr. Lynne Williams, my former professor, encouraged me to run. I was hesitant. I had just purchased a house, already scheduled other requested time off, and had a few other reasons that gave me pause. So when the time came to announce my intent to run, I paused. Dr. Williams stood up and exclaimed, “I VOLUNTEER CAITLYN CRONE AS A DELEGATE!” In those few seconds of everyone turning to look at me, I thought “Sure. Why not.” I ran and was honored to be elected a delegate of ASCLS-Michigan.

Fast forward to today. Reflecting upon my experience, I can honestly say that my time at the JAM was one of the best I have had. I enjoyed every bit of it from the drive down (which was eleven hours) to the moment of our return. In many ways, the national meeting is similar to the one we have here in Michigan, only on a larger scale. There are the vendors, the educational sessions, and of course the business end of things such as the committee meetings and regional caucuses, but the Joint Annual Meeting has even more to offer. Not only are there are more vendors, additional networking



opportunities, extra educational, and more session options, but there are other events to attend as well like the Story Slam (which our very own **Stephanie Mabry** won for the second year in a row) and an afterglow following the President’s Reception and silent auction. They even had a really great app for tracking all the times/locations



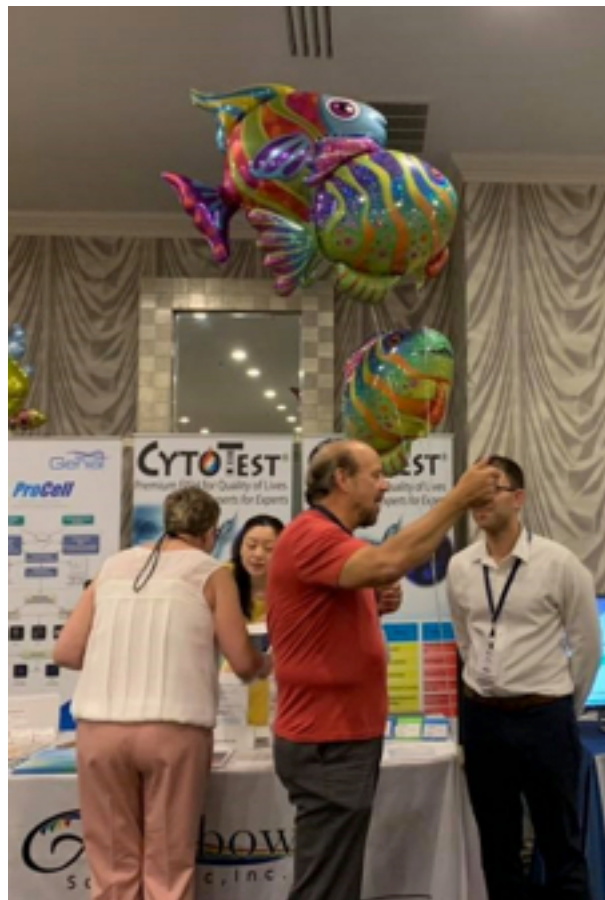
of all the sessions and other goings on, as well as a lounge for first-time attendees.

It’s hard to pinpoint what my favorite parts were, but I’ll do my best. To start, I loved the variety of the sessions. I can’t recall a time slot that didn’t have at least one that I wanted to attend. Additionally, the speakers for my sessions weren’t just informative, some were downright entertaining! I also loved the President’s Reception and being invited as a guest to the Alpha Mu Tau dinner (the food at both events was phenomenal, I might add). Each had a silent auction as well, and man did I come back with a great haul. My time with the people at the various booths was great too. In addition to getting some great swag to bring my coworkers, I also got information for additional opportunities as well as a chance to do some networking.





But ultimately, one of my favorite things about this experience was the people. I met some really great people from different parts of the country and had a chance to hang out with some really fun groups. They are truly what made the experience so great. I got to interact with some of the speakers and meet a couple people who were just starting off in the profession. I partied with the other Region IV attendees and hit the town with some of our Michigan crew. I even had a great time with the two other people that rode with me as we traded stories, went on a coal mine tour, and hit up Biscuit World (it was amazing, by the way).



Part of what made my experience so great was having an open mind as I came into this. I didn't entirely know what to expect, but I knew that I was going to do my best to enjoy everything that I decided to do. I was looking forward to new experiences and meeting new people. If you are considering going to a national meeting, I highly recommend it, especially if you have never been. For me the value far outweighed my doubts. If you think money might be an issue, there are opportunities for travel grants and delegates have their registration paid for. If it's the time commitment, I hope that this article can convince you that this conference is worthwhile. And remember when the time comes to decide, it's up to you to say yes. After all, you might not have someone there to throw your name in for you.





## Levey-Jennings and Michigan... Who Knew?

Fun facts shared by Kathy Doig

Editors Note: I'm a native Michigander. I've worked in medical laboratory science for over 33 years, mostly in Michigan. The use of L-J charts has been integral to my job practice all along. Yet it wasn't until receiving a brief message from Kathy this week that I had any idea who Levey and Jennings were, where they were from or when they published their landmark article on the use of quality control charts in the clinical laboratory.

- WHO:** Stanley Levey, Ph.D and E. R. Jennings, M.D.
- WHERE:** The Departments of Physiological Chemistry and Pathology, Wayne University College of Medicine, and Receiving Hospital, Detroit, Michigan
- WHEN:** November 1950
- WHAT:** Read the entire original article at: [https://doi.org/10.1093/ajcp/20.11\\_ts.1059](https://doi.org/10.1093/ajcp/20.11_ts.1059)

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## TECHNICAL SECTION

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### THE USE OF CONTROL CHARTS IN THE CLINICAL LABORATORY\*

STANLEY LEVEY, PH.D., AND E. R. JENNINGS, M.D.

*From the Departments of Physiological Chemistry and Pathology, Wayne University College of Medicine, and Receiving Hospital, Detroit, Michigan*

Constant supervision is necessary in order to obtain uniformly reliable values in a busy clinical laboratory. Normally the director of the laboratory does not have sufficient time to carry out a detailed supervision of the methods but, by the use of control charts, it is possible to determine at a glance whether the errors of analysis are beyond the statistical variation of the procedures employed.

Quality control by statistical methods is widely used in industry<sup>7</sup> to determine whether the variation observed among items produced by a single machine or an entire process is consistent with the hypothesis that a stable system of chance causes is operating. This hypothesis may be tested by taking a number of groups of observations at reasonable intervals of time, to see if the variations among the averages of each group are consistent with the variations observed within groups of observations made at the same time. The details of this technic are furnished by the theory of statistical quality control.<sup>1</sup>

In this laboratory the principle of the control chart provided a constant check on the reliability of the numerous determinations run each day. It made it possible to distinguish between what might be termed statistical fluctuations and actual error. In addition it offered a rational basis for action in correcting a defective procedure. While the chart will show when a method is out of control, *i.e.*, that the variation is greater than would be expected if chance alone were operating, it remains for the analyst to study the cause and prevention of the error. Since control-chart methods have not been widely used in the clinical laboratory, we undertook a study of their application in our laboratory.



ASCLS-MICHIGAN PRESENTS:

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