



# The Pipette Line

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## PRESIDENT'S MESSAGE:

### View from the Desk of Lisa Anderson



It is with great pleasure and excitement that I write my first message as the President of ASCLS-GA. First, I would like to thank Hassan Aziz, Past President, for his great leadership and service to the society and profession as President. In addition, to the many members who contribute their time and hearts to the maintenance and

advancement of our society, thank you. ASCLS-GA has had a great past year and I hope to continue, carrying on the torch!

Each year most of us make goals in our personal lives in addition to the goals in our careers. Some of the goals are new, taking us in a new direction, while others may be a carry over from a previous year. Some goals may be easily attained while others take more time and effort to meet the expectation, reaping the rewards. The same is true of the goals and desires for the society and I would like to take a brief moment to highlight my goals as your President this year.

- Continue to increase our membership
- Recruit, providing mentorship, students and young professionals
- Create a strategic plan, focusing on the direction of our organization
- Define and organize society committees/task forces to carry out activities
- Reach out and promote involvement of members to strengthen the voice, value and vision of our organization
- Collaborate with other organizations in the region providing educational opportunities to the profession

As the healthcare environment around us changes, we too as a society need to incorporate new ideas into the governance to overcome the challenges that we may have to face in the future. It has never been so evident the importance of addressing legislative issues and contributing your voice to the evolving profession. Each of us has our "special ability" or "uniqueness" to add to the organization, making it a unified body to promote the profession.

In closing, I would like to thank you for this opportunity to serve as your President. A year seems to go by quickly these days and with your assistance, I hope to bring our society to a new level, encouraging enjoyment as we are faced with new endeavors.

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## The Pipette Line

**Editor:** *Bonnie Gum*

The Pipette Line is a quarterly Publication of the **American Society for Clinical Laboratory Science-Georgia** for its members.

Note: Copies of complete board minutes and committee reports are available to members on request from Bonnie Gum, ASCLS-GA secretary. Address all correspondence to

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## STUDENT NEWS



ASCLS in Chicago:

Sears Tower, Millennium Park, Lake Michigan, McCormick Place, Michigan Ave, Navy Pier..... All words to describe the great city of Chicago, IL where the 2006 National ASCLS meeting was held. From July 25-29, laboratorians from all over the nation gathered to share ideas, earn CE credits, vote on important issues, hold elections and network with other laboratorians.

This was my first time attending a national conference, and it was definitely a unique one. I had no idea that so many meetings and educational sessions could be held in such a short time period and have time to visit the vendors at the vender exposition. I have to say, we packed a lot into our days, but the hustle and bustle was worth it.

The conference was opened by the Galileo Players. The comedy group took issues and laboratory topics and developed skits to demonstrate them. I have to admit, it was a good change from the normal motivational speech keynotes tend to give. Comedy first thing in the morning is always a good way to start the day off and by the amount of laughter and smiles, I think everyone enjoyed them.

The event was followed by a national awards ceremony to highlight top societies and individuals. ASCLS-Georgia was fortunate to be well recognized by winning several awards. We won first place for the Fundraising Award, third place in the Constituent Society Publication-Website Edition category and a host of individuals won other awards. I was chosen for the Quest Diagnostics Student Forum Leadership Award, Michelle Butina won the Theriot Award and Elizabeth Barrows won the Student Submitted Case Study award. Michelle Butina, Jennifer LeFebvre and Mary Nelson were all recognized as Keys to the Future of ASCLS. The last category that ASCLS-Georgia was acknowledged in was the distinguished Omicron Sigma award. The following members were chosen: Elizabeth Kenimer-Leibach, Hassan Aziz, Lisa Anderson, Michelle Butina, Joeline Davidson, Jill Dennis, Bonnie Gum, Cynthia Parrish, Lester Pretlow and Catherine Weaver. Our Georgia members were very proud to have been recognized in so many ways.

The conference was formally underway and everyone went their own directions to attend the sessions they were interested in. A large variety of topics were covered, including case studies in Hematology and Transfusion medicine, Pharmacogenomics, Microbiology Issues, State Licensure and Leadership and Management courses. Participants could also attend sessions from breast cancer, lymphomas and herbal medicine to cardiac markers. There was surely something for everyone.

(continued on page 3)

## Student News continued from page 2



Above Back row: Lester Pretlow, Barbara Russell, Lisa Anderson, Hassan Aziz, Jill Dennis Front row: Michelle Butina, Jennifer Lefebvre, Yvonne Jefferson, Darcell Thaxton

Social events were also scheduled each night to promote networking and fun. From attending the First Timers reception to the Boot Scootin Boogie Bash, each night was a different experience.

The conference ended with a presentation on how to manage work, family life and stress without losing your sanity! This was a presentation that I think we all needed to hear considering how busy our lives tend to get. Hopefully each person walked away with some advice on how to manage their lives better as I did.

All in all, the conference was a success in my opinion. It will always be special to me considering it was my first national conference and trip to Chicago. It seems like its been such a long time ago when I first joined ASCLS and then was elected Student Forum Vice President of GA. Attending two state conferences and now a national conference, I have been able to grow in many ways. Leadership and becoming involved with promoting the profession of laboratory medicine has been my focus thus far. I am excited about what the future will hold and what new endeavors ASCLS will lead me into.

I encourage everyone to try and attend next year's event, not only for the great information that is presented, but for the experience and networking with other lab professionals.

Jennifer LeFebvre, MT (ASCP)  
Memorial Health University Medical Center  
Savannah, GA

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A word from the editor:

Students are our most valuable asset in this Profession. Without students coming into clinical laboratory science as a career and becoming involved in all aspects, this society can not maintain let alone grow. Our profession is not the same as it was 30 years ago and it will not be what it is today 30 years from now. The environment continues to change as we, as professionals, have adapted to change. It is our responsibility as to mentor those we teach, inside and outside the classroom. The contact information for the student forum is published in the Pipette Line. Take a few moments to drop them a few words of encouragement and recognition.

# HEMOSTASIS: A JIGSAW PUZZLE

The following case study is relative to the Hemostasis workshop presented during the ASCLS-GA annual convention. These are student internship case studies from the Medical College of Georgia's Medical Technology Program listed by the case is the student who developed the case. This is the second of those case studies. After each case are several questions to answer. Answers can be found in this issue, page 6.

## **Case study 2 – Loretta Walker, Class of 2006**

This 44-year-old female presented with complaints of chest pain that persisted after taking the usual antacids. She had experienced these pains before but they had never persisted as they have now. She has an extensive family and personal medical history. She comes from a family of obese women with diabetes and high blood pressure; her mother had bypass surgery. The patient has had hernia repair in 2005, three colon resections, hysterectomy in 1989 as a result of endometriosis, gallbladder surgery in 1989, appendectomy in 1985, and tonsillectomy in 1967. She presently suffers from hypertension, anemia, arthritis, and has allergies to some drugs. The following battery of tests was ordered to rule out common bile duct dilation or suggestion of a retained common bile duct stone.

Initial test results:	WBC	10.9 x 10 <sup>3</sup> /uL	MCV	83.2 μ <sup>3</sup>
	RBC	4.13 x 10 <sup>6</sup> /uL	MCH	27.1 μg
	HGB	11.2 g/dL	MCHC	32.7 g/dL
	HCT	34.3 %	PLT	257.0 x 10 <sup>3</sup> /uL
			RDW	13.9 %

<u>Test</u>	<u>Results</u>	<u>Reference Range</u>
Lipase	44 U/L	23-300
Iron capacity		
Iron	52 μg/dL	53-167
Unsat Iron Binding	304 mcg/dL	112-346
Total Iron Binding	356 μg/dL	250-400
% Saturation	15%	
PT (day 1):	12.7 sec	11.4-13.6
INR:	1.01	1.50-3.00
PT (day 2):	13.0 sec	
INR:	1.01	
APTT (day 1):	>150 sec	23.0-36.0
APTT (day 2):	>150 sec	
APTT (day 3):	>150 sec	

Additional testing due to above results:

<u>Test</u>	<u>Results</u>	<u>Reference Range</u>
APTT mixing study	1:1	Corrected
LAAPTT	>150	33-45
LAAPTT mix	39 sec	33-45
DRVVT mix	38 sec	28-41
DRVVT ratio	36 sec	28-41
PNP	Abnormal	
Anticardiolipin IgG	<23 GPL	<23
Anticardiolipin IgM	<11 GPL	<11

Factor assay testing		
Factor V assay	120%	(50-150)
Factor VIII assay	95%	(50-150)
Factor XI assay	136%	(50-150)
Factor XII assay	<1%	(50-150)

Questions:

1. Based on history, initial CBC and test results, what should be suspected?
2. What is suggested by the APTT mixing study and additional testing?
3. Did the patient's history indicate bleeding or clotting? Based on this, what should be done next?
4. Knowing the patient's history, which of these factors should be suspected? Was this confirmed with testing?

## AWARDS

### American Society for Clinical Laboratory Science-Georgia Recognized



**Jennifer LeFebvre, middle,  
receiving award from Quest**

**Fundraising Award**  
*First Place*

**Constituent Society Publication - Website Edition**  
*Third Place*

**Quest Diagnostics Student Forum Leadership Award**  
*Jennifer LeFebvre*

**Theriot Award**  
*Michelle Butina*

**Student Submitted Case Study**  
*Elizabeth Barrows*  
**Keys to the Future**  
*Michelle Butina*  
*Jennifer LeFebvre*  
*Mary Nelson*

**Omicron Sigma**  
*Elizabeth Kenimer-Leibach*  
*Hassan Aziz*  
*Lisa Anderson*  
*Michelle Butina*  
*Joeline Davidson*  
*Jill Dennis*  
*Bonnie Gum*  
*Cynthia Parrish*  
*Lester Pretlow*  
*Catherine Weaver*

**Boot Scootin' Boogie Bash attendees Darcell,  
Yvonne and Michelle**



## **Case study 2 – Loretta Walker, Class of 2006**

### **Questions:**

**1. Based on history, initial CBC and test results, what should be suspected?**

From her initial data, this patient may be developing a very slight anemia with possible hypochromia, as the MCHC is on the borderline of low-normal. The normal lipase rules out pancreatitis, pancreatic duct and high intestinal obstructions. Iron studies are normal, although iron levels are at the very low normal range. Ferritin levels would be a better indicator of iron deficiency.

The hemostasis testing reveals consecutively normal PT tests but very abnormal APTT tests. A problem with the intrinsic coagulation system is suspected.

**2. What is suggested by the APTT mixing study and additional testing?**

The APTT mixing study suggests that there is a factor deficiency since correction of the prolonged result occurred with the addition of normal plasma. If an inhibitor is present, such as factor specific antibodies, the mixing study results would still be prolonged (very high). Inhibitors such as heparin and Lupus Anticoagulants (LA) can also cause prolonged APTT and mixing study results.

To rule-out the presence of LA, other testing can be performed. The LA-APTT test uses an APTT phospholipids reagent that is more sensitive to LA; the phospholipid is hexagonal phase phospholipid that is recognized by the LA. The use of this reagent in the APTT test results in a prolonged APTT, as expected, as the LA binds to the phospholipid. Using this same reagent in a mixing study with normal plasma will result in a corrected APTT for LA. Notice that the patient's LA-APTT was still prolonged but was corrected when a mixing study with normal plasma was done using the same reagent. Additional screening tests for LA, DRVVT (Dilute Russell Viper Venom Test), showed normal results, as did assaying for the specific Anticariolin IgG and IgM.

However, the PNP (Platelet Neutralization Procedure), showed abnormal results; patients on anticoagulant therapies, including heparin, may give false positive PNP tests. When doing a battery of testing, all test results should be considered. The abnormal PNP is not significant by itself; all other testing indicated that results were inconclusive for Lupus Anticoagulant.

**3. Did the patient's history indicate bleeding or clotting? Based on this, what should be done next?**

The patient did not present with a history of bleeding but with possible thrombosis as suggested by the complaints of chest pains. With the prolonged APTT but corrected mixing study, a factor deficiency should be suspected once interferences such as heparin and LA have been ruled out. Workup for LA should be done as this is a cause of thrombosis.

**4. Knowing the patient's history, which of these factors should be suspected? Was this confirmed with testing?**

Based on the history as a non-bleeder, the contact factors, XII, Prekallekrein, and High Molecular Weight Kininogen, should be suspected. Deficiencies in these factors will give prolonged APTT results but would show correction using normal plasma in mixing studies. A deficiency in any of these factors will show a negative history of bleeding in patients; however, patients with a deficiency in any of these have increased incidence of thrombotic disorders such as thromboembolisms or myocardial infarcts. Factor assays were performed on the more common factor deficiencies and showed normal results. However, factor assay for factor XII showed greatly reduced to absent levels of factor XII. This patient was identified as having Hageman Trait.

Factor XII deficiency or Hageman Trait is not associated with clinical bleeding or hemorrhage but with increased thrombotic disease. For preventative therapy patients may be treated for thrombotic episodes.

## Professionals in the News

**Dr. Hassan Aziz** was appointed to the Medical Devices Advisory Committee of the Food and Drug Administration (FDA). The Committee reviews and evaluates data on the safety and effectiveness of marketed and investigational devices and makes recommendations for their regulation. The panel provides advice to the Commissioner on complex or contested scientific issues between the FDA and medical device sponsors, applicants, or manufacturers relating to specific products, marketing applications, regulatory decisions and actions by FDA, and Agency guidance and policies. The Panel makes recommendations on issues that are lacking resolution, are highly complex in nature, or result from challenges to regular advisory panel proceedings or Agency decisions or actions. Dr. Aziz has also been invited to serve on the Diagnosis and Staging Workgroup as part of the Georgia Cancer Coalition and the Georgia Division of Public Health. Aziz and others were asked to revise the state's comprehensive cancer control plan. The purpose of the plan is to create a roadmap that builds on current strengths, establishes priorities, allocates responsibilities, and sets targets using evidence-based metrics that will focus the efforts of all stake holders. The goal of the Georgia Cancer Coalition is to develop a plan that will be the national model for comprehensive cancer control, a plan that will minimize the impact of cancer on the citizens of Georgia.

### WANTED

#### Your input

The *Pipett Line* needs your contribution. A case study, and editorial, a picture, all have a place in this publication. There are outstanding professionals in **YOUR** very work place or school. We need to hear about them. Send your contributions to

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## ASCLS Region III Spring Council Meeting, Savannah, GA May 20-21, 2006

Savannah was the host city of ASCLS Region III Spring Council meeting. It was a typical spring weekend in Savannah. Clear skies and warm temperature welcomed the 23 attendees representing the different states in the Region. Hassan Aziz and Armstrong Atlantic State University hosted the meeting.

For some, this was an opportunity to visit with old friends, while for others; this was an opportunity to make new ones. Some came to Savannah for the first time eager to explore its beauty and rich history. The rest enjoyed another beautiful spring day with the sites and sounds of Savannah.

The meeting started on Saturday morning (May 20<sup>th</sup>) with Lynn Ingram welcoming everyone. The aroma of fresh coffee and Krispy Kreme Donuts made the ice breaking activities more enjoyable. In her last meeting as Region Director, Lynn gave a historical overview of the past 6 years. The achievements were numerous and the sweet memories were engraved in people's minds. Lynn proceeded to discuss the national ASCLS meeting and outlined the expectations of each state constituency. State representatives took turns delivering their reports. Dan Southern, as always, was the photographer of the day and succeeded in capturing many excellent images of the group.

The first day finished around 4:30 pm, enough time to rush back to the hotel to freshen up and to grab a spouse, a family member, or a friend before heading downtown. Two Armstrong vans drove the participants to Franklin Square where a shuttle was reserved for the group to tour the historic city. The 75-minute fully narrated journey allowed the group to take a closer look at the narrow streets and the squares landscaped with splendid live oaks adorned with Spanish moss. Before heading to dinner, the group walked through the City Market and stopped at the different shops. The dinner was a treat. The group amused their taste buds with delicious food at the famous Lady's and Sons. The atmosphere inside the restaurant was excellent.

The talk on Sunday was motivational. Lynn updated the group on several national issues. The presentation was well received and the participation and interaction by the group was intense. The day ended early when the participants left Savannah for their home base, while a few chose to stay on for more of what Savannah has to offer.

## News From CLBBTB Advisory Committee

Joeline Dillard Davidson

CLBBTB has had difficulty communicating with the Health Care Section. The Committee feels the Health Care Section did not adequately represent the professional opinions of the Committee in the revision of the Rules and Regulations. Because of this, a letter was written to the Board. Several attended the Board meeting but were not allowed to speak to the issue of the Rules. There are plans to send the following letter with a cover letter to voice concern at not being allowed to speak, as in the past. Please note that the CLBBTB reports directly to the Board.

Dear Dr. Burns and Members of the Board:

The Clinical Laboratory, Blood Bank, and Tissue Bank Advisory Committee (CLBBTB) requests your special attention to the proposed Rules and Regulations for Licensure of Clinical Laboratories. CLBBTB is unanimous in its belief that the Health Care Section did not properly represent the professional opinions of CLBBTB. CLBBTB is charged by law to provide professional advice and recommendations to the Department of Human Resources. The Committee has representation from pathologists, practicing physicians, medical technologists, technicians/technologists, chemists, microbiologists, and hospital administrators.

Members of the Committee have received questions and comments regarding the manner in which the regulations are written, the ambiguity of terms, and the inconsistency in sections of the proposed Rules.

The Rules for personnel qualifications are confusing. There even appears to be an error in 4[b] technologist qualifications: #5 gives the two-year technician the status of technologist. #5 needs to be placed under the technician qualifications.

The enhanced validation of competency in 290-9-8-.06(2)(a)1(i) was intended for technicians allowed to work without direct supervision and, therefore, was intended to be inserted under “Technician allowable testing”, section 290-9-8-.06(5)(c). To require this level of proof of competency for all personnel, as specified under 290-9-8-.06(5)(c), puts an undue burden on hospital laboratories at a time when there is a staffing shortage and there is concern for production targets. The time necessary for the required documentation for all personnel will add to the costs of running a laboratory which in turn adds cost to the payors. For your information, statistics regarding the national personnel shortage are attached.

Personnel must be certified by a national professional examination. [See 290-9-8-.06(5)(b)] Previously, the Rules stated “an examination accepted by the Department”. Since a subcommittee is periodically appointed to review the examinations and the list of accepted examinations is available in the Laboratory Section of the Department, this prevents having to go through the entire approval process for regulations when an examination is deleted or added. The current proposed Rules list the examinations; however, this is inconsistently done for various levels of personnel.

For these reasons CLBBTB respectfully requests:

1. denial of the proposed revision of regulations and that the Rules be returned to the CLBBTB for further work,
2. the Board provide a liaison to be present at CLBBTB meetings.

The CLBBTB thanks you for this opportunity to share with you our concerns.

Yours truly,  
Clinical Laboratory, Blood Bank, and Tissue Bank Advisory Committee

<b>September 30, 2006</b>	<b>ASCLS-GA Board of Directors Augusta, GA</b>
<b>September 26-28, 2006</b>	<b>Region III Meeting Savannah, GA</b>
<b>February 22-24, 2007</b>	<b>Clinical Laboratory Educators' Conference Louisville, KY</b>
<b>July 17-21, 2007</b>	<b>Annual ASCLS Meeting SanDiega, CA</b>



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