

# Montana Laboratory News

Winter 2019



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## Happy New Year ASCLS-MT!

Cara Bushmaker

The new year is here and with it comes a time to look back and reflect on a year of involvement and professional gain! Many of us will set goals and new resolutions to achieve in the coming year. ASCLS is the one resolution that keeps working for you, all year long, in your professional life. We represent YOU as a laboratory professional and ONLY laboratory professionals.

## This Year:

-ASCLS-MT will represent us at Legislative Days advocating for the laboratory field and changes affecting us in 2019 and the future.

-ASCLS-MT members will be working all year to provide a voice for our society, recognition for our vital role, and a way to maintain our quality of work

-ASCLS-MT will be planning meetings to bring our brilliant professionals together and provide continuing education

-ASCLS-MT will be providing scholarships and working to support the students who will become professionals alongside us this year

-ASCLS-MT will be working throughout 2019 as a voice for laboratory healthcare in Montana

-ASCLS-MT will be promoting our profession and you!

So please make ASCLS-MT a resolution every year and share our mission. Together we are stronger! Let your voice be heard in 2019!

## Why Join ASCLS?

**Government Affairs/  
PAC Coordinator**

Adam Birks  
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**Bylaws**

Sadie Arnold

**Liaison for Students**

Vacant

**Finance and Audit**

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**Awards and Scholarships**

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**2nd Year:**

Vacant

**District Chairpersons**

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**District II**

Vacant

**District III**

Vacant

**District IV**

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# Treasurer

by Anne Weber



SPOTLIGHT  
ON THE  
BOARD!

I've been honored to serve as Treasurer of ASCLS-MT for the past two terms. I've always liked being organized about money. I learned about organizational budgeting and tracking of expenses in my workplace. To me, laboratory work and managing money use a similar skill set: conduct the work by being precise and accurate, then generate a report!

As Treasurer, I manage the bank accounts (checking and savings) and a PayPal account for ASCLS-MT. I make deposits and pay expenses, including reimbursements to members for expenses paid on behalf of ASCLS-MT. Most of this work is done around the time of our annual meeting in April, and some around the time of our national meeting in the summer. Every quarter, I prepare a report for the Board meeting which records the recent income and expenses on the budget spreadsheet.

In addition, I prepare and present a budget for the coming year at the annual meeting in April, using the previous year's budget as a template. I email a spreadsheet of the ASCLS-MT annual fiscal report to our accountant for tax filing, and file electronically for our business license renewal with the Secretary of State.

Over time, I've tried to convert to using all electronic means for Treasury work. This allows for light-weight (no paper to generate or store) and transparent record-keeping. It also allows for any interested and qualified member to be Treasurer, because you don't need to live near the bank! Please consider being a candidate for this office in February when nominations are due. You'll learn a lot about our ASCLS-MT and about organizational financial management!

**[New to ASCLS? Check out the membership benefits here!](#)**

# MT-ASCLS 2019 ELECTION BIOGRAPHIES

## Nominations Committee

### District I Chair

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### District IV Chair

Vacant

### District V Chair

Terri Benedict

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### Region VIII Director

Holly Weinberg

## 1. President-elect—Abbey Wichman



Abbey Wichman is the Laboratory Manager at Central Montana Medical Center in Lewistown MT. She started her career in Denver after graduating at the Colorado Center for Medical Laboratory Science. She obtained her undergraduate degree in Microbiology at Montana State University. Abbey worked as a Generalist at Presbyterian/St. Lukes Medical Center in Denver for 3 years before spending a year focusing on Microbiology and Point of Care testing. She was also lucky enough to spend two years working as an Apheresis technician collecting and processing Stem Cells at the Colorado Blood Cancer Institute (CBCI). She loved working with cancer patients and learning to rejoice in her own life. Eventually, home called to her and she returned to Central Montana as the Lab Manager at the local Medical Center. She wears many hats and enjoys trying them all on to see how they fit! She is blessed with a loving husband and a busy 3-year-old daughter.

## 2. Treasurer—Victoria (Tori) Rensink



## **2. cont....(Tori Rensink)**

I am currently the Laboratory Manager at Xtant Medical in Belgrade, MT. I have been a member of ASCLS for 12 years serving many various roles including: ND state student representative Region V new professional, MT state membership chair and I am currently the MT state president. I have served on the national new professional committee, the national awards and scholarship committee and I received National New Professional of the year award in 2010. I'm highly interested in becoming more involved with the government/political action committee, but would also like to remain active on the board at the state level.

## **3. Board of Directors---Kelly Amidei**

I work at Billings Clinic as a Lean Six Sigma Black Belt in Operational Excellence (basically, I'm a project manager for process improvement projects throughout the hospital and clinic). Previously, I was the Point of Care Testing Specialist at Billings Clinic before I moved to Operational Excellence in the fall of 2017. I'm very new to ASCLS, but have been really enjoying my current role as the Vendor/Exhibitor Chair for Region VIII Inter Mountain States Seminar. I took on that role in early spring 2018 and planned/participated in the 2018 IMSS Seminar this past September.

## **4. Awards and Scholarships--Suzanne Hartrich**

I have been a Medical Laboratory Scientist for 7 years. My MLS training was done at Good Samaritan Hospital in Vincennes, Indiana. I am currently working at Central Montana Medical Center in Lewistown, MT as a generalist and have been here for almost 3 years. I am a newer member of ASCLS, having joined in 2017, and I have only been to 1 ASCLS conference so far, the 2018 Spring meeting in Helena, but look forward to attending more as time allows.

## **5. Nominations District 1--David Korkowski**



I am currently the Director of Laboratory Services for Northeast Montana Health Services. I am responsible for the administrative management of Poplar Community Hospital in Poplar, MT and Trinity Hospital in Wolf Point. I have been the Director since May 2016.

I received my Laboratory Training while in the US Army, where I transitioned from being Airborne Infantry (HOORAH!!!) to being a Lab Technician. I received my training at Fort Sam Houston at the US Army Medical Department Center and School in 1992, and additional training in 1996.

After transitioning from the military to civilian life I spent almost 10 years as a traveler mainly in the great state of Alaska. Alaska prepares you for a lot in the medical field, especially in the Laboratory, living and working in remote locates requires you to learn to trouble shoot and improvise. I have spent many a nights tearing down an analyzer to repair or install a replacement part, usually while tangled in a phone cord!!

I have been a member of ASCLS MT since 2017 and have attended the State Meeting in 2017, and the IMSS meeting this past year.

**6. Nominations District 3—Dani Bodeker**

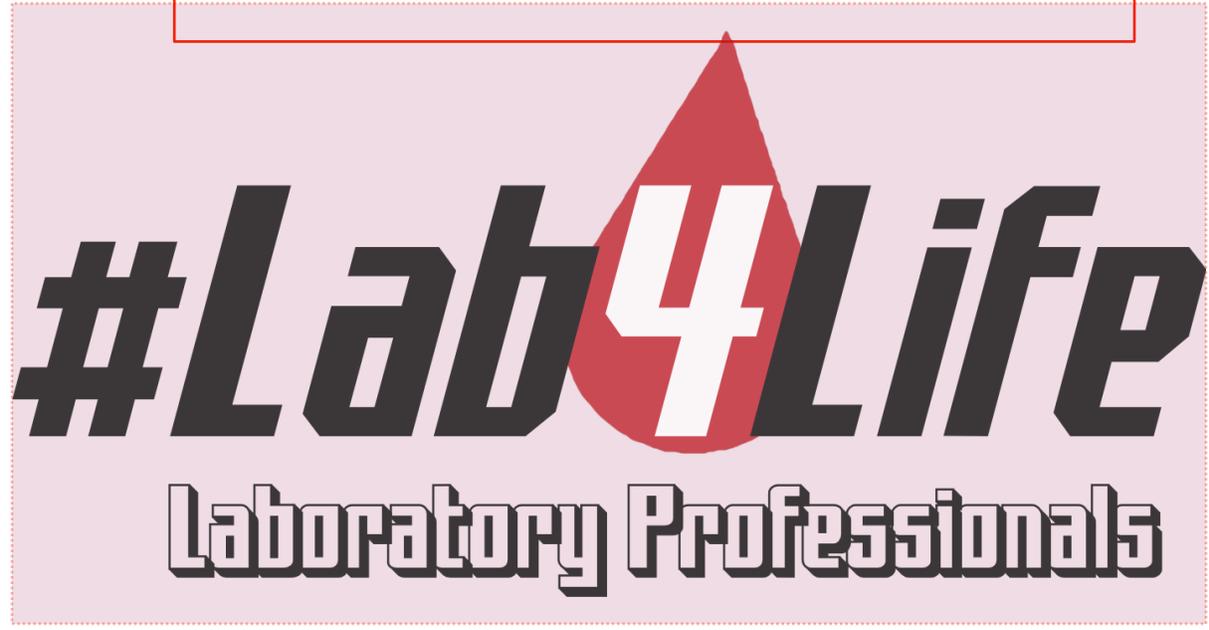


I am currently the lead Microbiology tech/QA/Infection Preventionist at CMMC in Lewistown, where I have been working for nearly 10 years. I have a Microbiology degree from Montana State University, and did an internship at St. Vincent's in Billings. I am currently studying to take the Certification Exam for Infection Control. I have served on the Nominations Committee for 2 years, and would like to continue for a second term.

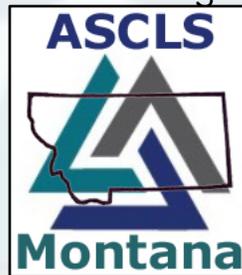
**7. Nominations District 5— TBD**

**ATTENTION**

**Nominations are still open for board positions! Please contact any member of the Nominations Committee with potential candidates or questions! Contact info can be found on ASCLS-MT website!**



Explore the ASCLS-MT website by clicking on the graphic below. The revised website is a valued resource for both members and non-members. Suggestions for improvements and additional content are encouraged. Contact us under the "About ASCLS-MT" tab and send us an e-mail with your feedback.



## ASCLS-MT IS ON FACEBOOK



FOLLOW US TO STAY UP ON THE LATEST NEWS AFFECTING OUR PROFESSION, CONFERENCE UPDATES, TECHNOLOGY, AND SOCIETY UPDATES.

IF YOU HAVE HAVEN'T ALREADY, PLEASE "LIKE" AND SHARE OUR PAGE! LET'S SPREAD A LITTLE LIGHT ON OUR PROFESSION!

**Do you have news to share? An idea for the MLN? Send your comments and suggestions subject line "MLN Submission" to**

**[cararyan7@gmail.com](mailto:cararyan7@gmail.com)**

# ASCLS UPCOMING EVENTS:

## 1. 2019 Clinical Laboratory Educators Conference

February 21-23, 2019

Baltimore, MD

## 2. 2019 Legislative Symposium

March 18-19, 2019

Washington, DC

## 3. 2019 ASCLS-MT Spring Meeting

April 4-6, 2019

Billings, MT

## 4. 2019 ASCLS Annual Meeting

June 23-27, 2019

Charlotte, NC

## ***RMLS Career Info:***

The U.S. Department of State offers a dynamic career as a Foreign Service Regional Medical Laboratory Scientist (RMLS), living and working overseas. An RMLS provides invaluable support to medical units (similar to a small clinic) in U.S. Embassies and Consulates worldwide, by providing services in their overseas assigned post and when traveling to several dozen regional posts. Services include managing the medical unit laboratory, visiting local laboratories and blood banks, training colleagues on testing techniques and quality control, and addressing food and water safety issues. Visit [careers.state.gov/med](https://careers.state.gov/med) for more information about this family-oriented career that offers free housing and free education for children K to 12, while assigned overseas. Go to this link, <https://careers.state.gov/work/foreign-service/specialist/career-tracks/regional-medical-laboratory-scientist/>, and click on Keep Me Informed to get a notification when the next RMLS vacancy announcement is open and accepting applications. Write to [MEDRecruiting@state.gov](mailto:MEDRecruiting@state.gov) with additional questions.

# MEMBERSHIP

## **Professional: \$108 to join (\$96 to renew) plus state dues**

Open to all persons certified or engaged in the practice and/or education process of clinical laboratory science, including those with an active interest in supporting the purposes and goals of this society. Includes basic benefits plus the award winning journal, Clinical Laboratory Science. International members must join in this member category.

## **Community: \$72 to join (\$60 to renew)**

Community membership shall be open to all persons.. Community membership is NOT eligible for member discounts for live ASCLS national events and does NOT count towards continuous professional membership in the society which is used for eligibility of emeritus membership status. Community members cannot hold office or vote in ASCLS elections.

## **Ascending Professional: \$60 (\$48 to renew)**

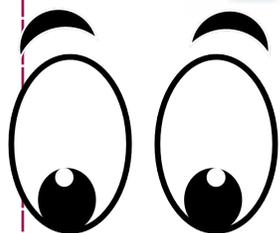
Ascending Professional membership is open to any individual eligible for Professional membership, if the individual has not held previous membership other than Developing Professional or Ascending Professional membership in this Society and is within five years of graduation from a program of clinical laboratory studies.

## **Developing Professional: \$24 plus state dues**

Developing Professional membership shall be open to any person enrolled in a program of clinical laboratory studies.

## **Emeritus: \$24 no state dues required**

Open to any an individual who has been a professional member of ASCLS and whose age and years of continuous professional membership are equal to or greater than 90. If you think you qualify, please email [ascls@ascls.org](mailto:ascls@ascls.org).



## **Looking for something more?**

The Region VIII Leadership Academy (R8LA) is open to all interested ASCLS members in the 5 Region VIII states –Colorado, Idaho, Montana, Wyoming, and Utah.

Do you have a desire to further develop your leadership skills? Are you considering running for elected office in your state Society? Has your leadership potential been recognized by constituent society officers, board members or others in leadership

roles? Have you demonstrated leadership potential by participating in leadership activities within constituent society organizations? If you answered YES to any of these questions and you are currently a member of ASCLS, we want YOU! New classes start every fall. Think Class of 2020 now! [Check it out!](#)

# Re-evaluating the potential of immunoprophylaxis and/or immunotherapy for infections caused by multidrug resistant *Klebsiella pneumoniae*

Scott D Kobayashi & Frank R DeLeo

Published Online: 26 Sep 2018

<https://doi.org/10.2217/fmb-2018-0189>

Antimicrobial resistance is a global health problem that poses significant hurdles to prevent and treat infectious diseases. The emergence of antibiotic-resistant bacterial pathogens contributes to increased morbidity and mortality, prolonged hospital stays and a greater financial burden on the healthcare system. In addition, antibiotic resistance increases the risk of medically invasive procedures, and effective antimicrobial therapy is confounded by continual emergence of novel mechanisms of resistance. Perhaps one of the most feared consequences of antibiotic resistance is the emergence of pan-resistant strains for which there are either limited or no available treatment options. Such bacterial strains have emerged within the past 10 years, and many of these strains are *Klebsiella* spp.

*Klebsiella* are relatively ubiquitous Gram-negative bacteria within the family Enterobacteriaceae. These microbes are present in the environment, including soil, plants and water. Some species, such as *Klebsiella pneumoniae*, are also commensal organisms of farm animals and humans [1]. *Klebsiella* spp. are carried asymptomatically in approximately 30% of the human population, primarily in the intestine [1]. Given the normal high burden of colonization in humans, it is not surprising that *Klebsiella* are opportunistic pathogens and a significant cause of healthcare-associated infections. For example, Magill et al. reported that *K. pneumoniae* and *K. oxytoca* account for a combined total of 9.9% of all healthcare-associated infections, which ranks third among all organisms recovered [2]. These data were obtained from 183 hospitals reporting to the National Healthcare and Safety Network in 2009–2010 [2]. In those studies, *Klebsiella* infections were primarily associated with the urinary tract, surgical sites and the bloodstream, and they caused pneumonia. The high incidence of *Klebsiella* infections in hospitals is compounded by antibiotic resistance.

The ubiquitous nature of *Klebsiella* spp. brings them into contact with many other bacterial species, thereby facilitating significant uptake and/or exchange of genetic material, a process known as horizontal gene transfer. Wyres and Holt estimated recently that *Klebsiella* as a species has acquired more than 400 genes encoding antimicrobial resistance elements, far more than other Gram-negative human pathogens of notable clinical concern [3]. Gram-negative bacteria that produce extended-spectrum  $\beta$ -lactamases (ESBLs), including *Escherichia coli* and *K. pneumoniae*, emerged in the late 1980s and 1990s and became a major problem in hospitals. These microbes are resistant to extended-spectrum cephalosporin and monobactam antibiotics [4], important therapeutics for the treatment of infections caused by Gram-negative bacteria. In addition, such strains often harbor resistance to other important antibiotics, such as fluoroquinolones. Therefore, carbapenem antibiotics became the therapy of choice for infections caused by ESBL-producing organisms [4].

For most antibiotics, emergence of resistance is simply a matter of time (e.g., see <https://www.cdc.gov/drugresistance/about.html>). Indeed, carbapenem-resistant *K. pneumoniae* were first reported in the USA by Yigit et al. in 2001 [5], and the pathogen has emerged worldwide since the mid-2000s [6].

Carbapenem resistance is conferred largely by *K. pneumoniae* carbapenemase (KPC) [5] or New Delhi metallo- $\beta$ -lactamase 1 (NDM-1), either of which confers resistance to virtually all  $\beta$ -lactam antibiotics.

As much as these multidrug-resistant strains are difficult to treat, there is a high mortality rate associated with bacteremia [9] and new treatments and/or prophylactics are needed. Given the high mortality rate of individuals with bacteremia caused by KPC strains, it would be remiss to not evaluate all alternative nonantibiotic therapeutic options. To this end, it is evident that the requirement for alternatives to antibiotics is clearly recognized and serious consideration has been given to alternative approaches including mAb therapy and active vaccination schemes [10]. In short, a vaccine would provide a viable option to prevent and treat infections with antimicrobial-resistant organisms, and there is the potential to substantially reduce the incidence of infection and the dependence on antibiotics (and slow the emergence of resistant organisms). There are currently no licensed vaccines available for treatment or prevention of *K. pneumoniae*.

## Passive immunization

The microbial surface is decorated with carbohydrates such as capsular polysaccharides and O-antigens of lipopolysaccharide, that have been exploited as successful candidate antigens for vaccination strategies. Antimicrobial resistance has renewed interest in vaccine development and recent investigation of these historic antigenic targets. There are at least seven distinct *Klebsiella* LPS serotypes defined by unique O-antigen structures. In a survey of 709 clinical isolates, Pennini et al. [11] recently reported that serotype O1 was predominant in antibiotic susceptible strains, and carbapenem-resistant strains (including ST258) are predominantly serotype O2. Human monoclonal antibodies raised against both O1 and O2 antigens were protective in mouse models of *K. pneumoniae* bacteremia and pneumonia, and administration of mAbs provided synergistic adjunctive protection with antibiotics (carbapenem). The ability of anti-*K. pneumoniae* LPS-O-antigen mAbs to enhance opsonophagocytic killing by neutrophils rather than neutralize stimulation by LPS is important in protection against pneumonia and lethal infection [12]. A *K. pneumoniae* lineage classified as multilocus sequence type 258 (ST258) is present in hospitals in many regions of the world, including the USA [7,8,13]. Based on genomic analyses of clinical isolates, ST258 is comprised of two major genetic lineages or clades [14]. Notably, these clades are differentiated by a hypervariable region (a region of DNA recombination) that contains genes-encoding enzymes for biosynthesis of capsule polysaccharide. ST258 clinical isolates can be identified readily by PCR analysis as capsule polysaccharide type 1 (*cps-1*) or type 2 (*cps-2*), or some other capsule type [15]. Clinical isolates that harbor *cps-1* (clade 1) produce CPS1, and those that contain *cps-2* (clade 2) produce CPS2. These two capsule types are produced by the majority of ST258 clinical isolates in the USA and elsewhere [8,16]. Historically, passive immunization using antibody raised against *K. pneumoniae* CPS has been shown to be both effective in animal models of infection and safe for administration in humans. More recently, Diago-Navarro et al. [17] investigated the utility of anti-CPS mAbs raised against the K1-serotype predominant in hypermucoid strains of *K. pneumoniae*. The mAbs demonstrated protective efficacy against *K. pneumoniae* in murine models of sepsis and pneumonia, and intravital microscopy indicated they promote efficient uptake by phagocytic cells. CPS is a prominent virulence attribute of *K. pneumoniae* and known to inhibit uptake and killing by phagocytic cells and provide protection against complement-mediated cell lysis. *K. pneumoniae* ST258 that are ingested by neutrophils are killed efficiently [18]. Polyclonal antibodies directed against *K. pneumoniae* CPS2 readily promote opsonophagocytosis and enhance killing by human neutrophils and complement [19]. In addition, murine mAbs raised against CPS2 promote intra- and extracellular killing of *K. pneumoniae* and are protective in a mouse model of infection [17].

## Active immunization

Previous studies investigated active immunization against *K. pneumoniae*, including use of killed whole cell preparations, cell lysates, proteins and purified polysaccharides. One of the most successful vaccine attempts was a 24-valent *Klebsiella* CPS vaccine, and although promising and safe, the vaccine was ultimately halted due to incomplete strain coverage and production difficulties. Bacterial capsular

polysaccharides present a unique challenge for vaccine development, as they are thymus-independent antigens, are poor activators of T cells and do not lead to generation of T- and B-cell memory. Fortunately, improvements in technology and advances in our understanding of immunology facilitate new approaches. Immunogenicity and efficacy of carbohydrate vaccines can be successfully enhanced by coupling CPS to carrier proteins, typically inactivated bacterial toxins. This approach has been successful for development of vaccines to other encapsulated bacterial pathogens and the vast majority of glycoconjugate vaccines licensed thus far are CPS and CPS derivatives. Recently, Seeberger et al. described a semisynthetic glycoconjugate candidate vaccine for carbapenem-resistant *K. pneumoniae* [20]. The vaccine comprised of a hexasaccharide repeating unit and associated substructures covalently linked to the diphtheria toxin-based carrier CRM197. The CRM197-based vaccine was immunogenic in both mice and rabbits and produced antibodies that were cross-reactive with *K. pneumoniae* CPS. The semisynthetic glycoconjugate vaccine induced a high level of IgG1 antibodies and the antibodies were opsonophagocytic in differentiated HL-60 cells [20]. The ability of the vaccine to protect against *K. pneumoniae* challenge was not assessed due in large part to the absence of a good experimental model that approximates the natural history of human infection in susceptible patients.

## Conclusion

The antibiotic resistance era has rapidly reached a point where the antimicrobial pipeline has become perilously thin, and the problem forces healthcare to the precipice of disaster. There is clearly a need to consider alternative strategies to combat infections caused by resistant microbes. For *K. pneumoniae*, the ideal vaccine would have universal coverage against a diversity of strains including those that are carbapenem resistant. To date there is no magic bullet – no vaccine strategy has emerged with enough coverage to potentially overcome low enthusiasm due to poor marketability. It is encouraging that there is significant experimental evidence that a vaccine approach is possible to combat disease caused by pan-resistant strains of *K. pneumoniae*. Moving forward, it is clear that in order to improve the current approaches there is significant need to develop appropriate experimental models that simulate at-risk populations.

## Financial & competing interests disclosure

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No writing assistance was utilized in the production of this manuscript.

# Presidents Message 2019

**I recently watched a TED talk from Simon Sinek that had me contemplating my “Why” of being involved in ASCLS. I truly believe if we had no champions for our own profession, the state of the clinical laboratory would be dire. My “why” is to help provide a voice, a face, and an emotion to those outside of the laboratory that are unaware of what we do for the healthcare community and what we call our livelihood.**

Everyone can be a champion, even if you can't be more active in the society. Your membership is still showing and giving support to the people that can be. We are "One Voice, One Vision" and everything we stand for makes a positive impact on the profession.

As president, I am learning so much from this position. I've become much more aware of the crucial role we all play, from general membership to those on the front-line, in this amazing society of clinical laboratory scientists.

Best Regards,

~Tori Rensink

ASCLS-MT President

## **ASCLS: WHAT IT DOES AND WHY BE A MEMBER?**

Pat Tille, PhD, MT(ASCP), FACSC

Health Insurance costs are rising. Reimbursement rates are falling. Clinical laboratories are facing critical workforce shortages. There is no time like the present to remember what ASCLS does and why it's important to be a member.

**Advocacy:** ASCLS is our voice when there are professional challenges and opportunities to move the profession forward. Advocacy begins with your local state society in venues such as legislative symposiums with your senators, representatives, and governors. Beginning with advocacy at the local level allows everyone's voice to be heard. This continues every spring when ASCLS takes our issues to Congress in Washington, D.C. This annual event partners ASCLS with other professional laboratory organizations on key issues affecting laboratory testing, education, billing, and reimbursement.

**Service:** ASCLS promotes the profession as an indispensable and necessary component of healthcare around the world. ASCLS is here to provide services to the membership, and the membership provides services to others. ASCLS offers networking opportunities, continuing education, and the chance to make a difference in the profession. In addition, laboratory professionals are active throughout education, healthcare, and industry, servicing the multifaceted levels of healthcare needs in all areas.

**Collaboration:** ASCLS promotes collaboration across the healthcare industry and with other professional organizations and industry partners. This is evident at local, regional, and national meetings where members and non-members witness the presence of vendors at all levels to support and promote laboratory science. With the professional partnerships and collaboration fostered in ASCLS, the voice of the laboratory profession can be heard.

**Life-Long:** As a 25-year member of ASCLS, I have never doubted the commitment the organization and the membership have to quality healthcare and clinical laboratory education. Throughout my participation in ASCLS, from a state student forum representative to a national member of the Board of Directors, I continue to develop friendships at every level of our membership. These friendships provide support during times of personal crisis, support for professional development, and more importantly, another laboratorian that thinks like I do.

**Safety:** And lastly, but most certainly not the least important, is the commitment of the

membership and the organization to patient safety. It is sometimes difficult for other health profession practitioners to understand how a laboratory professional can make a difference when it comes to patient safety. From the pre-analytical phase, where most diagnostic errors are made; to the analytical phase, where the least amount of error is made; to the post-analytical reporting phase, laboratory professionals constantly review, evaluate, and improve on areas that advance diagnostics, resulting in improvements in patient care.

As our profession moves through these challenging times it is important to remember our commitment to each other, the profession, and the patients. ASCLS provides the opportunity to ensure the future of the profession and quality health care. It is important for everyone to maintain their professional membership, support the organization, and work to meet these challenges head on. Remember what ASCLS can do and find your niche in the organization. It will pay you back 1,000 times more!

