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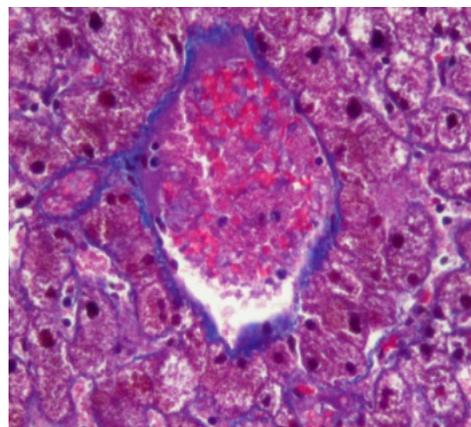
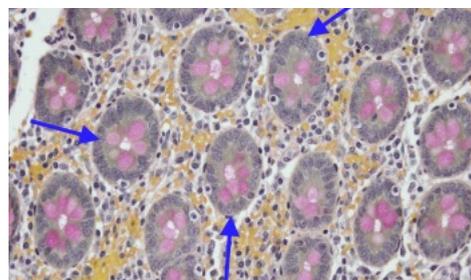
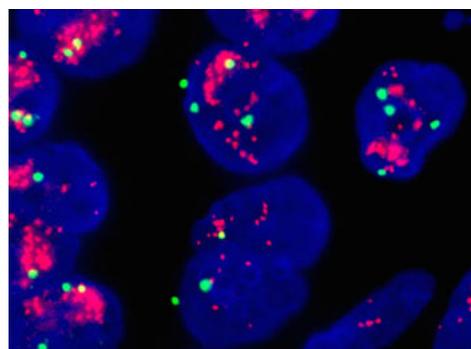
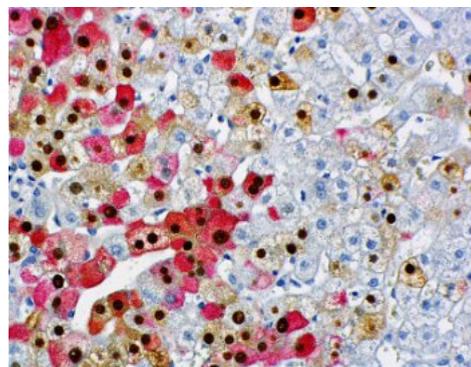
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Note from the Editor

Hello ASH Members,

We here at ASH hope that you have been having a wonderful holiday season, and that the New Year will bring you joy and positivity as well. In this edition, we have our *Top Tech*, Janet Liddell, HT(ASCP) QIHC, who is well known and respected for her knowledge base in all things Histology, and has served in just about every Histologic capacity as well during her amazing 30+ years in our profession. Additionally featured from Anita Jennings, HT(ASCP) QIHC is *The Road from Academic to Clinical Histology*, which discusses her career journey, and the interesting work that can be found in different types of labs. I also want to give a big shout out and thanks to Paul Glaze, who has been providing all of the hilarious (if not absurdly and annoyingly true) *Quotable Quotes*- Paul, your humor is much needed and appreciated, and please keep them coming 😊.

Best Regards,

Kate Bolt, HT(ASCP) QIHC
Editor

Clip this card to create your own technical reference file. Look for more cards in future issues!



wonder...
What causes poor nuclear detail?

Poor nuclear detail is a fixation and/or processing artifact-not a staining error! The problem usually begins with inadequate fixation. Under-fixed tissues are incapable of handling subsequent alcohol, clearing, and hot paraffin processing. However, even properly fixed tissues can succumb to processing extremes. Excessive dehydration/clearing or heat exposure (wax/slide drying) can produce smudgy, hazy, blue-blob nuclei. Biopsies are particularly susceptible because their small size makes them more vulnerable to the rigors of processing.

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From the President

With a nip in the air and a fresh new year about to begin we look forward to new adventures. As we dream of H&E's and Immuno stains, your ASH officers and volunteers are working on the following projects: The ASH Elections, ASH Awards, and The ASH/Region 7 Symposium.

If you have wanted to add *ASH Officer* to your resume, now's a good time. We are looking for nominations for President, Vice-president, Treasurer and Secretary. If this appeals to you, go to the ASH website <http://azhistology.net> and click on bylaws for officer descriptions. Fill out the nomination form in the newsletter and send it to the elections committee.

If being an officer is not your aim just now, we are also looking for volunteers to help with the 2014 June Symposium. If you need to tap into your artistic side, are great at organizing, or into co-histologist interaction we have a place for you. Send me an email or contact any of the ASH officers, and we'll feed your volunteer side.

It's also time to think award nominations. We have several awards and scholarships to be awarded:

FREIDA L. CARSON AWARD- This award is given for outstanding and dedicated service to the field of Histotechnology. The Frieda L. Carson Award shall be awarded annually.

JULES M. ELIAS AWARD- This award is given for the most outstanding article, paper, or modification of an existing technique or presentation of a workshop during the State or National Convention. The Jules M. Elias Award shall be awarded annually.

PHYLLIS BORIS SCHOLARSHIPS- Two awards in the amount of \$250.00 each are given for the purpose of continuing education and can be used for any workshop, college course, teleconference, textbooks or examination fees. The purpose of these awards is to further the recipients professional development in the field of Histotechnology and the laboratory. The Phyllis Boris Scholarships shall be awarded annually.

Unfortunately 2013 has been a year where some of these awards and scholarships have not been given out. This was not due to a lack of the committee's hard work, but due to a lack of nominees. We very much want to give out these awards, but we need your help. Want to recognize a fellow histologist? Need a few bucks to help with continuing education? Fill out the Awards/Scholarship form and forward it to the awards committee.

Well I wish that every one of you have a wonderful holiday, and am wishing that 2014 brings all that you need, and a bit of what you dream of as well.

Kasper

From the Regional Director

From the NSH Symposium/Convention from Region VII, I would like to congratulate David Davis as winner of the Biogenex Standardization in IHC award at the awards banquet. Liz Chlipala has accepted the appointment as the Award Committee chair.

The registration for the NSH Symposium/Convention was more than 1200 attendees. At the state Presidents Council meeting the following items were discussed: NSH and State Partnerships, Insurance Resources, Strategic Plan, NSH Exhibit at State meetings, Meeting Schedule and Updates to contact information.

At the Board of Directors (BOD) meeting we finalized the Strategic Plan.

NSH Mission:

To empower the profession of Histotechnology through collaboration, education and innovation.

NSH Vision:

NSH shapes the future of Histotechnology through a global community of laboratory professionals committed to continuous learning and high standards of practice.

Values:

Professionalism, responsibility, respect, integrity, accountability, communication and service will direct our relationship with members and related professionals.

More information on the goals, objectives and initiatives will be in NSH In Action.

Some items that were discussed in the BOD meetings:

- Clinical & Laboratory Standards Institute organized a new committee to move ahead and revise guidelines for microwave devices use in histology laboratory.
- A letter was sent to ASCP stating that NSH would like to help train histology technicians in Boswana Africa.
- CAP/NSH has a Task Force working on uniform labeling.
- Individuals interested in being committee chairs, please make it known of their interest so there can be some mentoring support.
- Paperless handouts at the symposium/convention had both positive and negative comments.
- Journal of Histotechnology has been denied listing in pub-med. We need more articles submitted to the journal and will try again in the future when we can.
- The registration fee for the symposium/convention is being increased to \$65 for members and \$165 for non-members as the current fee is not covering the current costs of registration.
- The Quality Control Bank has been discontinued as the liability to the Society is too high.

I will provide more information on the Region website in the future. When it is posted on the region website an email will be sent to all NSH members in the region.

Submitted by
Janet Maass
Regional VII Director

MEMBERSHIP APPLICATION

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Top Tech- Janet Liddell, HT(ASCP), QIHC

1. When and how did you enter into the field of Histotechnology?

I entered the field of Histotechnology in 1979. After returning to the United States from a year abroad as an exchange student, I was unsure what career path I wanted to pursue. I was living in Omaha, Nebraska and Methodist Hospital (a teaching facility), was looking for a Laboratory Aide. I applied and began work. As a Lab Aide, for both the Clinical and Anatomic Pathology (AP) Labs, I rotated supplies, cleaned glassware (no disposables back then-even glass pipettes were cleaned and re-used) and autoclaved waste. I even autoclaved the cocaine for the Pharmacy! Those were way different times back then.

Part of my other duties for the AP Lab included filing the department's blocks and slides and helping the Pathology Assistant keep the morgue cleaned and stocked. Since this was a teaching facility the morgue was so large, it had a set of bleachers, for the nursing and medical students!

About 3 months into my "career" as a Lab Aide, the Histology Manager was looking for his next students. I applied and was accepted. The program I attended had classes all day on Mondays and working in the Lab, with the techs, Tuesday – Fridays.

2. What was the work environment and climate like at that time?

The work environment, at that time was fairly relaxed, in that there was plenty of staff for the workload. Safety and personal protective guidelines were just starting to be truly enforced in AP labs. In fact, a few months before I started working there, the techs had just stopped drinking coffee and smoking in the lab! They used to place their cups of coffee and ashtrays right next to a canister of xylene, while they were embedding in the mornings!

Back then, all reagents and stains were made by hand, even 10% Neutral Buffered Formalin, Hematoxylin, Eosin and Schiffs. In fact, with the exception of automated tissue processors, every process was done manually, including sharpening the big microtomy knives we used. No convenient disposable blades back then either!

The climate for Histology Techs (HT) was mixed. Techs were valued and respected for the most part, by the Pathologists. However, the fact that most Histology Techs were basically on the job trained, with only a few formal and/or semi-formal programs in the country, led many of their Lab counter-parts (medical technologists) to view the field with less respect. Additionally, since Lab Directors back then (and still) today, were Medical Technologists, it could be

difficult for the AP Lab, in terms of receiving adequate budget monies for capital equipment, continuing education, etc.

3. How have things changed since you first entered the field?

So many things have changed in Histology since 1979! One of the best changes has been the requirement for a degree, to sit for the HT/HTL certification exams. Also, one of the top positive changes in Histology was disposable blades! The amount of time spent sharpening knives was incredible! And, of course, all the commercially-made stains and reagents are so convenient.

4. You have a uniquely comprehensive body of work under your belt, having done extensive work in both manual and automated processes- please talk about this a little...

Because all the processes were manual (back in the “old” days), you had to have a lot more staff. Sharpening those blades (even with an automated sharpener), staining every slide (H/E’s and special stains) by hand, making all the stains, reagents, etc. all took an inordinate amounts of time. Also, because every person completed manual staining, sharpening, etc just a bit differently, standards of quality could vary greatly!

Automation freed up hands to complete other work and also began the march towards standard, consistent results, in the AP lab. The days when the Pathologists could tell (microscopically) who stained that day, were finally starting to disappear!

5. Is automation the right direction to go for all applications? Can the lab truly become fully automated, and should it?

Absolutely automation is the right direction! Current and future applications of Immunohistochemistry (IHC) and In-situ Hybridization (ISH) demand consistent, standard approaches, not only to staining, but also the pre-analytical conditions. However, as far as the AP Lab becoming fully automated, I am not sure an instrument will ever be built, that can replace the human hand-eye coordination needed for embedding tissue blocks and cutting slides. The AP Lab will always need competent, well-trained Histology Techs, to understand each process, what is happening and why, for trouble-shooting purposes.

6. Your body of work is also unique in the range of positions you’ve held; please discuss the evolution of your career, and where you are happiest...

After HT school, my first “non-student” Histology job was working solo at a small hospital in Colorado. The hospital replaced their old on-the-job-trained tech, because when the old-time Pathologist retired, the new in-coming Pathologist was

beside himself; no stains were readable, no older blocks/slides could be located in the file room, etc. He demanded a new, formal-trained tech be hired.

This position was a real eye-opener for me, as to what NOT to do in a Histology Lab! No stains were readable because old, expired solutions were being used over and over-some as old as 10 years, with mold in them! No blocks or slides could be found, because blocks were being dumped in bread bags and slides were hard-packed, row upon row in cardboard boxes! All waste tissue was stored in multiple- sized, glass jars-brought from home-and tissue had not been dumped for several years! I literally spent 2-3 hours every afternoon, the entire two years I worked there, sorting out blocks/slides into a searchable filing room and dumping tissue!

I then worked at a larger medical center in Denver, Colo. It was at this hospital where I began to learn IHC and ISH procedures; all performed manually. This facility completed all the kidney biopsy work for the entire metro area, allowing me to have the opportunity to perform IM (Immunofluorescence) and learn the fine art of cutting 2 microns sections!

When we moved to Tucson, Az. in 1990, I worked one year at a local hospital as a bench tech, before moving to Northwest Medical Center, where I worked as the supervisor for 17 years. In my position as the supervisor, I had the challenge of taking a department with no usable operating procedures and getting it ready for the first CAP (College of American Pathologists) inspection. I also had the opportunity to take the department from a complete manual system through its first LIS (Laboratory Information System) project. I also helped to plan and execute not only a major renovation of the lab I supervised, but also the Histology Lab for the new sister hospital in Oro Valley.

I have enjoyed working in a clinical setting, as a bench tech and supervisor. Every facility where I have been has had its own unique workload and challenges, which helped me to learn, learn, and learn some more.

In 2007, I decided to move from the clinical world and into industry, taking a job at Ventana Medical Systems, where I continue to learn, learn, learn!

- 7. It has been said by many that you are basically a living Anatomy and Physiology book (which I can attest to benefiting from your vast knowledge here in grossing); have you always been fascinated with A &P, or did it grow on you?**

I have always been fascinated by anatomy, because my mother was so interested in it. Growing up on a farm, I saw the “insides” of a lot of animals! In fact, we used to butcher and sell chickens to people and I can remember sitting by my mom, as she would “dress out” the chicken; removing its insides and explaining

each organ and what it did in the body. However, I actually got into Histology, purely by luck!

8. Are a degree and certifications necessary? Are we doing enough to train those entering into the field, or was on the job training more effective?

Degrees and certifications are absolutely necessary! As someone who came into the field when degrees were not required, I can attest the caliber and professionalism of today's degreed techs is so much higher than in the past. As far as training is concerned, I believe that more externship hours, in the clinical settings are needed for today HT programs. Also, those facilities providing externship hours, need to allow students to fully participate in all Histology processes.

9. You presently work in an industry manufacturing setting; what are the challenges of staying in compliance, and keeping up with demand?

It is a challenge to keep abreast of the changes happening in the clinical world. As a way of trying to keep up, I attend as many continuing education workshops/lectures as possible. I also continue to subscribe to laboratory publications, such as the ADVANCE, Under the Microscope and CAP Today on-line magazines.

10. In your view, what does the future hold for Histotechnology, and professionals in the field?

With personalized healthcare on the horizon, there will be even more need for well-trained, well-educated Histology Technologists in the future. So, all of us in the field today, should be doing everything we can to help and encourage people to pursue this field.

11. What is your favorite part of working in Histotechnology? Least favorite part?

My least favorite part; billing and stats, mostly supervisor administrative work. My most favorite; really all of it! I cannot say there isn't one process, in Histology, that doesn't fascinate me.

12. What is the greatest/proudest moment of your career?

Every major project, I have ever done, at any facility, was my proudest moment. I like that sense of accomplishing something big and important.

13. Did you ever consider a different career?

No. Once Histology and I found each other, I never wanted to try anything else!

14. What do you wish people knew about Histotechnology? What would you change if you could?

I am thankful that Histotechnology receives more recognition now than ever, but we need to continue to bring Histology into the public realm, to create better and more future Histology Techs. If I could change anything, it would be to bring the importance of standardizing pre-analytical conditions to every HT. This is now being given the time and attention by a multitude of great people/techs and I am grateful for this. It is going to improve all next gen Histology processes.

15. Please share anything else you would like...

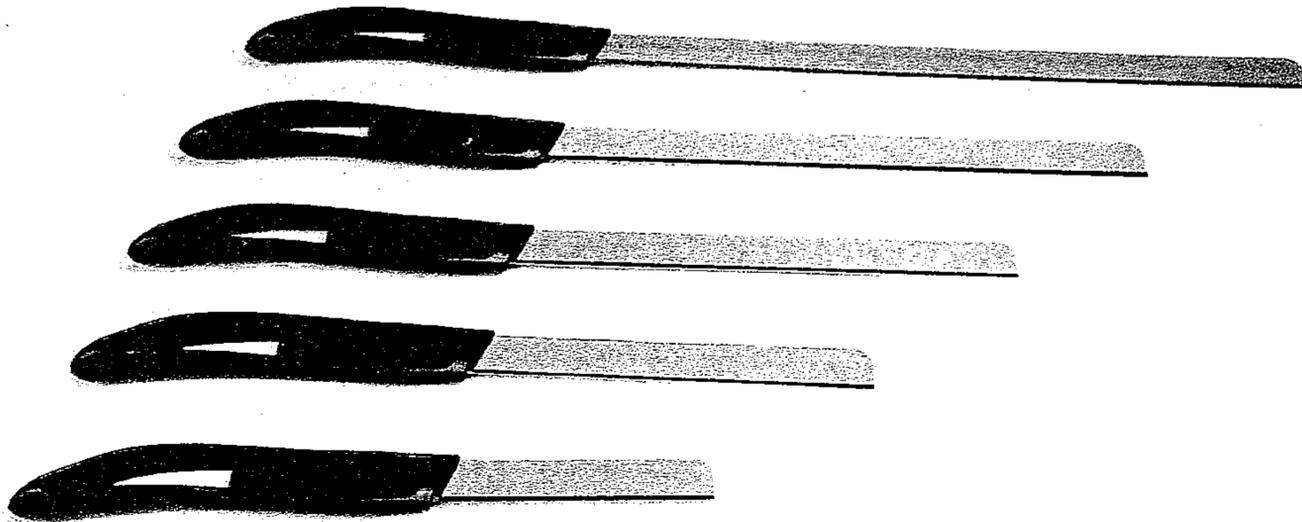
I am so grateful to all the people (too numerous to name!), who, over the years and still today, take the time to share their vast knowledge with not only myself, but Histology Technologists everywhere.

— Infection Controls —

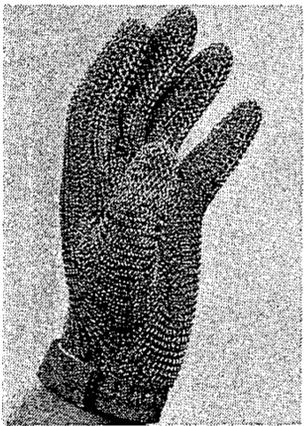
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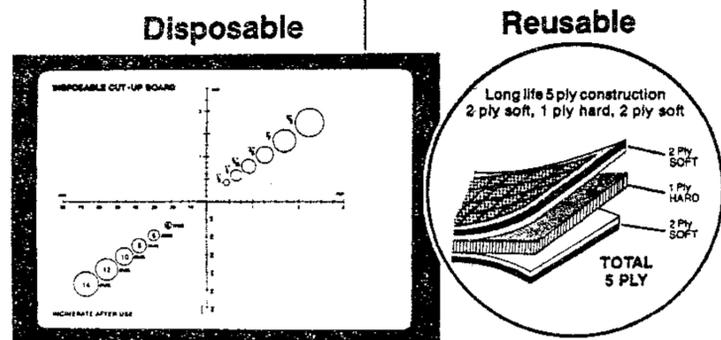
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The Road from Academic to Clinical Histology

By Anita Jennings

It's been a long and wonderful trip from my days as an undergraduate to my career at Ventana. Roche. I did not declare a major when I started college, but I knew I wanted to do something in science, maybe medicine. I signed up for biology and chemistry classes and took an independent study in immunology, and one in molecular biology. The routine classes were interesting, but the things I learned during my independent study courses got me hooked on bench work and working in a laboratory.

I have always loved science and when I got the opportunity as an undergraduate to work in an immunology laboratory at the University of South Carolina, I jumped at the offer. Of course the offer was to wash the glassware in the laboratory, but I still jumped at it. My eagerness to learn was obvious, and the professor soon taught me many of the procedures I would use throughout the molecular part of my research career. I learned to make buffers and other solutions used in the lab, as there was no such thing as buying them back in those days, much less on a research budget. I also learned numerous techniques, including extracting and detecting RNA and DNA, making antibodies, running electrophoresis gels, and mouse vasectomies. This was also the start of my safety training, as we used phenol, chloroform and ethidium bromide in some protocols.

One of the courses my senior year was Histology, it was taught by the Chairman of the Biology Department. I enjoyed the course, and approached the professor about doing an independent study project. He ended up offering me a position as lead technologist in his laboratory. He taught me Histology and histological techniques. As chairman, and the only person on campus with histology equipment, he would volunteer me to do histology favors for professors in our department and other departments as well. I heard "no problem, give it to Anita, she can do it" a lot over years at the University. The work was exciting, and very challenging. We made our own antibodies in mice, rabbits and goats. I developed an *in situ* procedure for avian tissue, and learned how to embed all sorts of unusual samples; chicken skin, mouse brain, fungus that was killing a golf course on Hilton Head, tobacco plant, starfish, and otoliths in fish, to name a few.

Everything was done by hand. Processing was done in individual scintillation vials and a vacuum oven. Embedding was done with embedding molds and an embedding ring placed onto ice to cool. I never had to use L's to make my blocks, but the professor was quick to remind me that was how he made them. I sectioned on a black AO 800 microtome, using stainless steel blades that you used a strap to sharpen. It might seem a bit archaic now, but Dr. Sawyer was top in the field of Developmental Biology. As his technician, I connected with people like Dr. Howard Green, well renowned for creating cultured epidermal cells used for skin grafts. Through our embryonic development research, with L-CAM/N-CAM I got to meet my first Nobel Prize winner, Dr. GM Edelman. My tenure at USC rendered me numerous journal articles with acknowledgements, and even a few as an author.

My first move in my career was to Mayo Clinic Scottsdale. My Mom and Dad lived in Mesa when Mayo broke ground for the research department, and they told me they thought it would be the perfect place for me. Of course I believe they really just wanted me to move closer to them, since no jobs had been posted and the research center was still in temporary trailers. I called the director, Dr. J. McDonald and asked if I could stop by for a site visit, when I came to visit my parents and he agreed. It was a great visit and after a couple hours with me expounding on the apparent need for a Histology laboratory, Dr. McDonald walked me over

to the personnel interviewer, and by the time I got back to South Carolina, he had created a position for me. I was offered the job of creating the Histology Department for the Mayo Clinic-Scottsdale research program. We were a small department, but it included top scientists in the research field. I worked closely with Dr. S. Gendler, best known for her MUC1 and breast cancer research, and I worked with Dr. J. Riordan, co-founder of the cystic fibrosis gene, on his quest to develop a CFTR antibody.

One of the principal investigators at Mayo accepted a position at the University of Nebraska Medical Center, and recruited me soon afterwards to help create and manage a research Histology program. While I still worked with a mouse model most of the time, I began to incorporate more human samples and techniques in my repertoire. As part of the Epply Cancer Institute, I learned a little of what it is like to work under CAP/CLIA regulations and working with patient samples. Of course I thought I had learned a lot- bookkeeping, labeling everything, documenting everything, QCing everything... and then I met Ethel Macrea. Well actually, we met years ago during my first stay in Arizona, but we never worked together, and I definitely didn't have the full scope of what it takes to run a certified CAP/CLIA laboratory, until I encountered the TDX Laboratory at Ventana.

Academic research is fascinating; being on the basic science level, and being a part of the development of antibodies and techniques is very rewarding. However, clinical research- what we do in the CAP/CLIA lab, is the apex of a histological career. So when I heard there was an opening in the CAP/CLIA lab at Ventana, I took the plunge into the clinical research.

After years working in histology, I finally received my HTL. Getting certified was one of the best decisions I have made for my career. It is recognition and confirmation of the knowledge I gained over the years, and a sense of personal satisfaction. I went on to take my QIHC certification a few months later, and I will sit for my molecular biology certification soon. I believe continuing education is important, and we should all take advantage of everything that is available.



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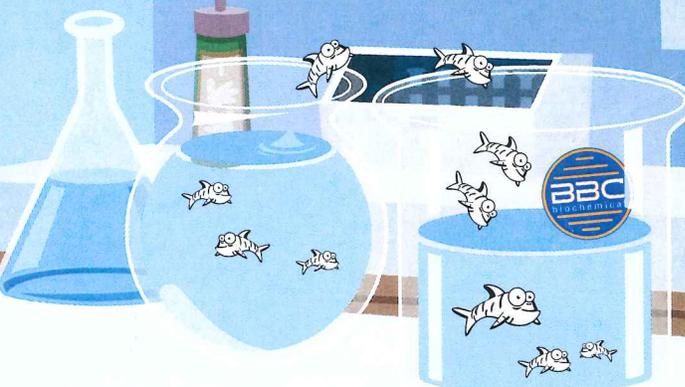


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ASH in Action

The last ASH meeting was lots of fun and brought us some of our best speakers yet. A special thanks to Quest Diagnostics and William DeSalvo for hosting, and information on the next meeting will be released soon.



Jason Ramos of BioCare Medical and Dr. John Glassco, MD, COO from Clariant Pathology Services



Lynn Chartentier, MLT and Chris Sheeder, BS, HT, QIHC of DAKO

Quotable Quotes

Courtesy of Paul Glaze

I read recipes the same way I read science fiction. I get to the end and I think, "Well, that's not going to happen."

- ANONYMOUS

Insanity is hereditary. You get it from your children.

- SAM LEVENSON

God gave us our relatives; thank God we can choose our friends.

- ETHEL MUMFORD

Some cause happiness wherever they go; others, whenever they go.

- OSCAR WILDE

Children: You spend the first 2 years of their life teaching them to walk and talk. Then you spend the next 16 telling them to sit down and shut-up.

- ANONYMOUS

By the time a man realizes that his father was right, he has a son who thinks he's wrong.

- CHARLES WADSWORTH

A bargain is something you don't need at a price you can't resist.

- FRANKLIN JONES

My therapist told me the way to achieve true inner peace is to finish what I start. So far I've finished two bags of M&Ms and a chocolate cake. I feel better already.

- DAVE BARRY

There cannot be a crisis next week. My schedule is already full.

- HENRY A. KISSENGER

Life is hard. After all, it kills you.

- KATHERINE HEPBURN

Happiness is having a large, loving, caring, close-knit family in another city.

-GEORGE BURNS

I like long walks, especially when they are taken by people who annoy me.

- FRED ALLEN