



PathologyToday®

ASCP's Physician Newsmagazine

ASCP Volunteer Mary Jumbelic Assists With Tsunami Recovery Efforts

Mary I. Jumbelic, MD, no doubt has many powerful memories of assisting with victim identification efforts in Thailand last January after the tsunami. One image in particular stands out – a plain white wall about ten-feet tall and a block long. The memorial wall, part of a repatriation center, included the name and the flag of each country that had lost victims and had a row of small pots of flowers along its base.

“It was beautiful, very powerful,” she remembers. “When you are there, it is easy to get caught up in the administration of the disaster. But this simple white wall made you realize the extent of the loss. It was very sobering and peaceful at the same time.”

Jumbelic, chief medical examiner of Onondaga County, New York, and associate professor, pathology, State University of New York, was sent by the U.S. Department of State to Thailand in early January. She served as U.S. Medical Examiner, part of a five-person forensic analysis team that provided executive-level, scientific advisory support to the victim identification process. She returned to the U.S. in early February.

Based in Phuket, the team toured the region extensively to put into perspective

the forensic issues involved in this massive recovery. Jumbelic visited many of the areas in Thailand devastated by the tsunami, including Thiphi Island, a popular tourist destination.

Thailand was hard hit by the tsunami on December 26, with over 5,000 dead, and almost 3,000 missing, many who are presumed dead. The country is unique among countries ravaged by the tsunami in that nearly half of the victims were from other

countries, including many tourists visiting the country's beautiful beaches. The United States lost approximately 25 citizens to the disaster.

Because so many foreign nationals died, dozens of countries from around the world participated in the victim identification efforts. “The international community was very helpful in assist-

ing with this part of the process,” explains Jumbelic. “Australia was incredibly generous and one of the first countries to arrive. The Scandinavian countries lost hundreds of citizens, and sent large teams of forensic scientists and diplomats.”

As part of her duties, Jumbelic represented the United States on the Executive



Mary I. Jumbelic, MD, second from right, with other members of the US Forensic Analysis Team.

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ASCP President's Message



It's A Small, Small World

You never know where in the world you're going to meet an ASCP member. In my case, it happened in Tanzania – some 8,405 miles from my office in Chicago.

I was there because ASCP had been invited to participate in a conference co-sponsored by the World Health Organization (WHO) and the Centers for Disease Control (CDC).

As you may know (see March 2005 *LABMEDICINE*), ASCP is working with the CDC and the Association of Public Health Laboratories (APHL) as part of a cooperative agreement to develop and implement training programs in laboratory quality assurance, hematology, CD4 and chemistry for African nations devastated by HIV/AIDS.

Our efforts and those of other organizations are under the aegis of the President's Emergency Plan for AIDS Relief (PEPFAR). I was proud to learn just how much we're admired because of our ability to "get things off the ground" in a minimum amount of time.

The late February meeting in the Tanzanian capital of Dar Es Salaam brought together health officials from eight African countries (Botswana, Lesotho, Malawi, Namibia, South Africa, Tanzania, Uganda and Zimbabwe) to discuss ways of implementing "train the trainers" programs to educate healthcare personnel about the best policies and procedures for administering rapid HIV tests.

One of the first people I met during the conference was Carol Porter, PhD, MT(ASCP). Dr. Porter is on sabbatical to Malawi from Howard University in Washington, DC where she is an assistant professor in the Clinical Laboratory Science Department (the Howard University project is part of the University Technical Assistance project under the CDC-Global AIDS program.) Carol immediately told me, "I'm an ASCP member."



Peterson with Carol Porter, PhD, MT(ASCP)

Conquering HIV/AIDS in Africa is a huge undertaking – one that, at first, looks like an overwhelmingly impossible task. But it's not.

It's true that the technology in many clinics and hospitals is generally not what we're used to, but the dedication of the staff and their respect for details, policies and procedures is every bit the equal of the best labs any-

where. As a result, I have considerable hope for the future of HIV/AIDS diagnosis and treatment (not to mention the lives that will be saved) in Africa.

Training laboratory personnel is what ASCP is all about. "I have never been so proud to be a laboratory professional and a member of ASCP as I have been providing hematology training (the first ever) to the laboratory professionals of Ethiopia. We're the perfect organization to carry out this mission," said Marian J. Cavagnaro, MS, MT(ASCP)DLM, Director, Laboratory Services at Memorial Hospital West in Pembroke Pines, FL.

At the meeting in Tanzania, I was impressed by the willing and receptive audience so eager for the knowledge we can impart. The mission to eradicate HIV/AIDS in Africa couldn't be more important. And, the altruistic rewards that result from helping people in need are immeasurable.

If you're of a mind to take a break from the routine and travel to Africa, you might have a chance to do just that. If you're like some of the members I hear from who say, "I can't travel, teach a course, or write a book or magazine article, but I would like to volunteer," there may be many other outlets for your skills, knowledge, and talent. Perhaps you could help develop a training module for use in one of the "train the trainers" programs.

That's exactly what Linda Fell, MT(ASCP), the chair of the ASCP Associate Council did. She and others put a lot of time into developing hematology course materials which are now in use in Africa.

ASCP's role is still evolving and at the moment, our need for volunteers is limited. But we are gathering names of members who are interested in dedicating their time and talents in this endeavor.

I can't promise when – or if – you'd be asked to help, but we'd like to know if you're interested. Let me know if you are, by writing to me at president@ascp.org. I will pass along your interest to our staff which is collecting names of potential volunteers.

It's truly a small, small world, and your efforts at home or abroad will prove it by bringing you closer to people desperately in need of our help.

For more photographs of ASCP's PEPFAR work, visit: www.ascp.org/general/Tanzania.asp



LoAnn Peterson, MD, FASCP
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Exploring Seattle

The ASCP 2005 Annual Meeting will be held Oct. 8-11 in Seattle, Washington. Seattle is home to many recreational activities. Among the most popular urban attractions are the Seattle Center and the Space Needle, Pike Place



Market, Hiram Chittenden Locks, Woodland Park Zoo, Tillicum Indian Village, Seattle Aquarium, waterfront, lakeside and sound beaches, Pioneer Square, International District, and local wineries and breweries—just to name a few!

Outdoor activities include boating, fishing, golf, water sports, hiking, biking, mountain climbing, and skiing. Seattle is situated on the shores of two large lakes and Puget Sound, with remote wilderness less

than an hour away, and is flanked by two major mountain ranges (Olympics and Cascades), with

Mount Rainier in full view. Nearby are the San Juan Islands, Pacific Ocean beaches, and major rivers.

The ASCP will be offering hospitality tours for you and your friends and family. Tours

include trips to the Museum of Glass and Thornewood Castle; wineries of the Pacific Northwest; the Boeing Company's technical center; or nearby Victoria, British Columbia.

Multi-day tours include a seven-day cruise to the San Juan Islands and British Columbia; or a two-night bed & breakfast stay on San Juan Island.



Whether you are traveling alone, or with friends, family, or a larger group, there is lots to see and do that will enhance your trip. Seattle has something for everyone! Choose from activities like exploring museums and art galleries, sightseeing by seaplane, enjoying the culinary creations of local chefs, exploring beautiful gardens, watching glass-blowing artists in action, learning about Native American culture, attending a major sports activity, taking a whale-watching excursion, visiting some of

the area's favorite attractions, or shopping for that special "something" for yourself or as a gift.

For more information, visit the ASCP's Annual Meeting website: www.pathologytoday.org. ■

ASCP Resident Subspecialty Grant Recipients

The Resident Council has met and selected four recipients for its 2005-2006 Resident Pathology Subspecialty Grant. Each of the four will receive a stipend of \$1500.

The recipients were announced at the Resident Council reception, held at the February USCAP meeting in San Antonio.

The ASCP is also happy to announce that next year's Subspecialty Grants will be increased to a total of \$12,000.

The 2005-2006 Resident Pathology Subspecialty Grant Recipients are:

Victoria M. Alagiozian-Angelova, MD, University of Illinois at Chicago, who has chosen to work in the field of GI/Liver pathology with Barbara McKenna, MD, FASCP, and Henry Appelman,

MD, FASCP, at the University of Michigan, Ann Arbor, MI.

Kurt R. Mathews, MD, University of Nebraska, Omaha, who has chosen to work in the field of Pulmonary pathology with Saul Suster, MD, FASCP, at Ohio State University Hospital, Columbus, OH.

Michelle K. Zimmerman, MD, San Antonio Uniformed Services Health Education Consortium Program, Lackland AFB, Texas, who has chosen to work in the field of Soft Tissue pathology with John Goldblum, MD, FASCP, Cleveland Clinic Foundation, Cleveland, OH.

Mary Elaine Kling, MD, University of Maryland, Baltimore, who has chosen to work in the field of Immunopathology/Flow Cytometry/General Laboratory

Medicine with David Keren, MD, FASCP, Ward Medical Laboratory, Department of Pathology, Ann Arbor, MI.

The ASCP offers these grants to defray residents' cost of doing elective rotations at outside institutions. Ideally, the grant recipient could actively participate in the daily sign-out and consultation service, as well as possibly get involved in a research project. This allows residents to broaden their training experience by exposing them to material that may not currently be available at their institution and by allowing them to work with a prominent pathologist in the field chosen.

The 2005-2006 grant applications will be available later this year on the ASCP website at www.ascp.org/member/resident/. ■

Chair's Message, ASCP Resident Council



Greetings once again from the Resident Council

At the USCAP meeting in San Antonio in February, the Resident Council gathered and announced the recipients of the 2004–2005 subspecialty grant program. The four winners are: Kurt Mathews, MD of the University of Nebraska who will study Thoracic Pathology with Saul Suster, MD, FASCP, at Ohio State University.

Michelle Zimmerman, MD of the Combined San Antonio Uniformed Services Health Education Consortium Program, who will study Soft Tissue Pathology with John Goldblum, MD, FASCP, at the Cleveland Clinic.

Victoria Alagiozian-Angelova, MD of the University of Illinois at Chicago, who will study GI/Liver Pathology with Barbara McKenna, MD, FASCP at the University of Michigan.

Mary Kling, MD of the University of Maryland, who will study Flow Cytometry and Lab Management with David Keren, MD, FASCP at Warde Medical Laboratory in Ann Arbor, MI.

Each of the four residents will receive \$1500 to help fund the experience of traveling to a different institution and studying with an expert in one of the various fields of pathology during the academic year 2005–06.

The Council was also excited to be able to announce that the subspecialty grant program will, indeed, be available next year with eight grants awarded! The participating faculty will also be broadened. I encourage each of you to keep abreast of the application process and apply for the program next year. It's an invaluable educational experience.

Also at USCAP, the Resident Council hosted a reception for weary residents after a long day of com-

panion society meetings. Natasha Rekhtman, MD from Johns Hopkins was the winner of the iPod raffle; the ever distinguished John Turner, MD from Duke University won free registration to the 2005 Resident Review Course. A good time was surely had by all.

Please look ahead to next Fall and make plans to actively participate in the ASCP Annual Meeting: Pathology Today, which will be held in Seattle, Washington, October 8–11. In addition to superb educational courses, there will be several events geared toward resident interest.

Alexandra Moore, MD, the Resident Council Chair-elect, from the University of Mississippi has organized a luncheon with a panel discussion titled, *How To Get A Job In The Real World: The Transition From Resident To Pathologist*. Numerous practicing pathologists from academia, the community, and reference laboratories will take part. It will certainly be a lively and informative affair. In addition, a resident breakfast session will address GME issues and a special reception for residents will take place that evening.

Also, the Resident Research Symposium will feature proffered papers from all disciplines of anatomic and clinical pathology. The resident delivering the best presentation will be awarded a Nikon microscope. All abstracts accepted for poster or podium presentation will be published in AJCP.

Now's the time to register. I'll be there and will look forward to seeing you.

Francois Cady, MD

RENEW TODAY: SPECIAL OFFERS FOR ASCP MEMBERS

ASCP has prepared a portfolio of additional benefits for ASCP Members. Discount offers through our affinity partners, such as DELL, Hertz, Visa, UPS and Geico Direct give you special deals from these companies. Visit www.ascp.org/member/specialoffers/.

While you are there, don't forget to renew your ASCP membership!

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Cytology Proficiency Testing: Background & What ASCP is Doing

The ASCP Board of Directors recently approved submission of an application to the Centers for Medicare and Medicaid Services (CMS) for ASCP to offer its ASCPSTAR proficiency testing (PT) program in 2006. To meet the need for multiple cytology PT providers to serve the Cytology community, ASCP has initiated the application process with submission of an application to CMS and expects to have many discussions with them over the next few months as this is a multiple step process. ASCP will continue to keep the membership informed as our application is evaluated.

The ASCP was the only organization that made a statement before the Clinical Laboratory Improvement Advisory Committee (CLIA) on the future of cytology proficiency testing regulations. In this statement, the ASCP voiced many concerns including the need to modernize the regulations.

Visit www.ascp.org/general/CPT-info.asp to see the entire statement and to get the latest updates.

ASCP Volunteer

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Committee of the Thailand Tsunami Victim Identification Process, which provided direction and organizational structure to the international process. Also represented were Japan, Korea, Israel, and many European countries.

The U.S. State Department's was one of the smaller teams, although the U.S. military's Joint POW/MIA Accounting Command (JPAC) provided a large number of forensic scientists to assist with the efforts. Based in Hawaii, JPAC's mission is to account for Americans missing in past military conflicts, including the Vietnam War. "They were one of the first groups to respond," says Jumbelic. "They have a lot of expertise in identifying human remains and are very familiar with Southeast Asia. They were very capable in terms of assisting with the recovery efforts."

Jumbelic also chaired the Scientific Advisory Committee, a team of scientists from the international community, which helped put into place standard operating procedures and protocols to help direct the forensic process. As chair, Jumbelic traveled to the Beijing Genomics Institute, which performed the post-mortem DNA analysis for the disaster. She presented her findings from this visit to the Thai Ministry of Public Health in Bangkok.

The challenges of the victim identification efforts were many. The overwhelming number of decedents in a large geographic area made the recovery process complex and difficult, taxing the infrastructure of a country coping with other issues such as homeless survivors and the economic impact of the disaster. Initially, there were not enough refrigeration units, so many of the victims were covered in dry ice.

In addition, Buddhist religious beliefs forbid bodies from being moved far from where they perished. "Bodies couldn't be brought to a single location, where operations could be centralized and standardized," explains Jumbelic. "Logistically, it's a great challenge having to run morgues in separate locations."

Getting the international community to work together certainly presented challenges of its own, but everyone worked together to keep the larger focus in mind. "We understood that we all suffered terrible losses," she recalls. "It was an incredibly cooperative effort. We had a common goal to try to help identify victims and send them back home to help provide closure for families. It was remarkable. I was really impressed by this aspect of the whole project."

Jumbelic, who specializes in disaster management, has been involved in four other major disasters, including the World Trade Center. The tsunami is the largest in terms of losses. "The tsunami was very different in the sense that in some disasters, you unfortunately get fragmentation of bodies," she observes. "But many of these victims remained intact."

Jumbelic expected many of the victims to have died from drowning, but in fact many died from blunt trauma. "Many were hit with debris from buildings and trees uprooted from the sheer force of the water," she explains. "That was something I learned from the process."

Jumbelic believes that with every disaster, there's a new skill and perspective to be learned. "When someone works outside their comfort zone and is challenged in new ways, one grows, as I certainly feel I did from this experience," she reflects. "I hope I am able to bring back some of what I learned to my local community."

Jumbelic is the author of the ASCP Check Sample exercise, Carbon Monoxide Intoxication in Swimmers, published in February 2005. She is also the author of a chapter in a forensic science encyclopedia on the role of forensic pathologists at mass disasters, scheduled to publish later this year. ■



Washington Report

Congress

Medical Laboratory Personnel Shortage Legislation Introduced in House

In March Representatives John Shimkus (R-IL), Jesse Jackson Jr. (D-IL) and Michael Bilirakis (R-FL) introduced H.R. 1175, the Medical Laboratory Personnel Shortage Act. This legislation is designed to ease the laboratory workforce shortage by developing programs (scholarships, loan forgiveness, academic faculty support) and it also would fund public service announcements. In the 108th Congress, the legislation gained 37 cosponsors.

ASCP issued an action alert, advising members to encourage their representatives to cosponsor the bill through our e-Advocacy Center. The alert can be accessed by going to the ASCP e-Advocacy Center (www.ascp.org) on our web page. ASCP is also working closely with other organizations that have endorsed the legislation in the laboratory community.

ASCP Campaign to "Thaw the Freeze" on Medicare Fee Schedule: Phase II

ASCP has launched Phase II of our "Thaw the Freeze" campaign this month. ASCP initiated the original "Thaw the Freeze" campaign in 2004 to ask lawmakers to restore inflationary updates to the Medicare clinical laboratory fee schedule. The most recent version of the freeze was imposed with passage of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA). It freezes annual updates to Medicare reimbursement for laboratory services for the next five years. During Phase I of the campaign, ASCP gathered over 1,500 signatures asking policymakers to restore the annual updates to the fee schedule.

Phase II allows participants in the campaign to use their own voice to describe how the freeze directly affects their work and their work environment, and comment on issues of patient care and the practice of pathology across the country. An alert was sent to all members who participated in the first phase of the campaign via email. If you would like to join our campaign, first use our e-Advocacy Center to sign the petition by clicking the following link: <http://capwiz.com/ascp/path/issues/alert/?alertid=5379011&type=CU>. By signing the peti-

tion, you will receive an invitation to participate in Phase II. We look forward to receiving your narratives.

Federal Agencies

ASCP Testifies at CLIAC, Committee Concurs on Need to Revise Cytology PT Rule

On February 16, ASCP Washington Office staff testified before the Clinical Laboratory Improvements Advisory Committee (CLIAC) on the issue of cytology proficiency testing. Testimony by ASCP senior manager for federal and state affairs, Matthew Schulze, raised concerns about the looming requirement that all laboratories performing cytology services will have to implement a cytology proficiency testing program in 2005 and urged revision of the cytology PT rule.

While acknowledging that the Centers for Medicare and Medicaid Services (CMS) had a statutory obligation to implement a nationwide cytology proficiency testing program, ASCP noted that members of the cytopathology community are concerned with the recent CMS approval of the Midwest Institute for Medical Education as the sole nationwide cytology proficiency testing provider.

ASCP's testimony raised questions about the science behind the current cytology regulation and whether it will enable an approved cytology proficiency testing program to accurately and reliably assess the competency of cytopathologists and cytotechnologists. The regulation, promulgated in 1992, does not reflect important scientific, medical and technological advancements that have since occurred, such as the Bethesda system for reporting Pap results and the 2001 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities. ASCP stated that it does "not believe sufficient attention has been paid to address the integrity, validity and scientific questions surrounding the federal government's current approach" to testing competency for cytology services.

At the meeting ASCP urged the federal government to revise the cytology proficiency testing rule, asking that "work on a modernized cytology proficiency testing regulation begin immediately." In response to ASCP's

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testimony and that of a former CLIAC member George Birdsong, MD, the committee passed a unanimous motion urging the federal government to update the cytology proficiency testing regulations as soon as possible.

State News

California Releases Emergency MLT Licensure, National Certification Rule

The California Laboratory Field Services Office recently released its long-awaited emergency regulations to license medical laboratory technicians (MLTs) and recognize national certification. While the regulations went into effect immediately, California has yet to approve any technologist- or technician-level national certification examinations. Laboratory Field Services staff has said it could take several years before the process of approving these examinations is complete.

With MLT licensure requiring passage of an approved examination, the lack of an acceptable examination for technicians means their licensure will have to wait until the state has approved an examination for them to take. Unfortunately for those interested in working in California as a medical laboratory technician, temporary licensure, which temporarily licenses individuals who have not yet passed an approved examination, is not an option.

Moreover, it may take time to resolve some of the concerns that national certification organizations have with the regulations. For example, the regulation requires national certification organizations to give the state several copies of their certifying examinations. It also requires them to test individuals who do not meet the certification requirements specified by each national certification organization.

Assuming these issues can be addressed and the state approves technologist- and technician-level examinations, the state will be able to license medical laboratory technicians as well as medical and other technologists who have been nationally certified. National certification will definitely help the state, which currently can offer its state exam only once a year. There is a catch with regard to the state's plans for recognizing national certification, however. Unfortunately the state is only willing to recognize those certifications earned within four years of the approval of the organization's examinations.

ASCP will provide an overview of the California MLT licensure requirements in next month's issue of *e-Policy*.

Florida Laboratory Industry Still Under Assault from State

While the State of Florida recently withdrew its competitive bidding plan for Medicaid laboratory services, it appears poised to institute a 10 percent reduction in reimbursements on these services.

The Florida Agency for Health Care Administration (AHCA) recently pulled a revised competitive bidding proposal. The plan was released on December 13, 2004 and was immediately challenged by the laboratory industry. The proposal was a revision of a previous AHCA competitive bidding scheme released on March 2, 2004. ASCP opposed both proposals.

The American Clinical Laboratory Association (ACLA) filed a legal challenge against AHCA's plan. Its challenge resulted in the suspension of the state's plan, and likely triggered its withdrawal. No official reason for the withdrawal was provided by the state.

ACLA's legal challenge argued the plan would adversely affect the

quality of, and access to, health care services, particularly for the poor. The proposal would have required Florida's outpatient Medicaid laboratory services to be handled by one clinical laboratory, rather than the 160 clinical laboratories currently serving more than 1.1 million Florida Medicaid beneficiaries.

ASCP, ACLA and other laboratory organizations are preparing for the Florida legislature's upcoming March legislative session, and plan to oppose cuts in laboratory reimbursements.

Society News

ASCP Reviews JCAHO Laboratory Patient Safety Goals

ASCP has submitted comments on the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) 2006 Proposed Laboratory Patient Safety Goals.

The ASCP Commission on Public Policy (CPP) recently reviewed JCAHO's goals on behalf of the Society. The CPP expressed unease over the applicability of the draft standards to laboratory personnel. Specifically, ASCP is concerned over issues of worker fatigue resulting not only from long hours, but also from overwork in a specific period of time. Concerns over the amount of time that laboratory personnel spend reviewing JCAHO patient safety and education regulations were also expressed. ASCP believes that, because most laboratory professionals are removed from direct patient contact, the focus of their patient safety duties should be guaranteeing accurate and reproducible results— not addressing patient medical literacy or distributing administrative records. ■

ASCP Members in the News

Obituary: Leo P. Cawley, MD

ASCP is saddened to announce the passing of Leo P. Cawley, MD, one of ASCP's pioneers in pathology. Dr. Cawley, a dedicated and nationally recognized educator for ASCP, passed away from pneumonia on Feb. 28, 2005. He is survived by his wife of 57 years, Joan, and his three children, Kevin, Karin and Kary.

To see the full obituary, please visit www.ascp.org/Downloadables1/WebTextItems/9199.asp, or see this month's issue of AJCP.

President Elect Rodriguez Appointed to Endowed Professorship at LSU

ASCP President-Elect Fred H. Rodriguez Jr., MD, FASCP, has been named the first incumbent of the Emma Sadler Moss Professorship of Pathology at the Louisiana State University Health Science Center (LSUHSC). A New Orleans native, Dr. Rodriguez graduated from LSUHSC School of Medicine in 1975. Currently profes-

sor in the department of pathology, he is also the director of pathology and laboratory medicine at the V.A. Medical Center in New Orleans. In 2002 the Secretary of the Department of Veterans Affairs in Washington, DC, appointed him to a four-year term as the National Director of Pathology and Laboratory Medicine.

The endowed professorship is named for Emma Sadler Moss, MD, the first female president of ASCP. She was a medical technologist who then earned a medical degree from the LSU School of Medicine in 1935. In 1940, she became director of the department of pathology at Charity Hospital, a position she held until her death in 1970. Both a lectureship in pathology for a visiting professor and this professorship have been established as part of her legacy.

Donoghue Assumes AAFS Presidency

Edmund R. Donoghue, MD, FASCP, Professor of Clinical

Pathology (Forensic Pathology) at the University of Illinois Chicago and Chief Medical Examiner of Cook County (IL) in Chicago, has been elected 2005-06 President of the American Academy of Forensic Sciences. His one-year term begins March 2005. Dr. Donoghue is a 1998 recipient of ASCP's CCE Distinguished Service Award.

ASCP wants your press clippings. If you have a news article mentioning the ASCP, an ASCP member or your laboratory, we would like to see it. Topics could include members receiving local awards, serving as spokespersons on topics of concern, presenting local lectures, Lab Week stories, lab improvements, job trends, obituaries, etc. You name it, we're interested! Please send clippings to dank@ascp.org; Dan Kotheimer, ASCP, 2100 W. Harrison, Chicago, IL 60612. Or fax them to 312-738-9798. Please include the name, date, section and page number of the publication. Also, if you know a member has appeared on TV or radio, or will appear in the near future, drop us a line, or e-mail. ■

Pathologists' Assistant, PA(ASCP) Eligibility Requirements Approved

The ASCP Board of Registry's Board of Governors is pleased to announce that they recently approved the new eligibility requirements for the Pathologists' Assistants certification as follows:

Route 1: Baccalaureate degree from a regionally accredited college/university, AND successful completion of a NAACLS accredited Pathologist Assistant program within the last five years, OR

Route 2: Baccalaureate degree from a regionally accredited college/university with 20 semester hours (30 quarter hours) of biology, AND three years full time acceptable experience as a Pathologists' Assistant within the last ten years. The three years of experience must be under the supervision of a pathologist (certified by the American Board of Pathology in Anatomic Pathology).

Detailed experience requirements for Route 2 are available on

the ASCP web site at www.ascp.org/bor/application/pa. The Board of Governors also approved the recommendation of the Pathologists' Assistant Examination Committee that Route 2 expire effective December 31, 2007. After that date, all candidates will be required to complete a NAACLS accredited Pathologists Assistant program.

Individuals certified as Pathologists' Assistants by the ASCP Board of Registry will use the initials "PA(ASCP)" after their name. Initial certification is valid for a period of three years. Completion of the Certification Maintenance Program (CMP) every three years is required to maintain certification as a PA(ASCP). AAPA Fellows who obtained ASCP certification within the transfer period from November 2004 through December 31, 2005 must also participate in CMP. They may begin accruing points January

1, 2006 to maintain their certification after December 31, 2008. Details on CMP for Pathologists' Assistants are available on the ASCP web site at www.ascp.org/bor/cmp.

The next Pathologists' Assistant examination will be administered in September 2005 at the annual AAPA meeting in Boston, Massachusetts. This will be the last paper-and-pencil examination administered. Effective January 1, 2006, the pathologists' assistant examination will be administered on computer at Pearson VUE Professional Centers. There are currently 200 test sites around the country. Application forms and other application materials are now available online at www.ascp.org/bor/application. Any questions regarding the eligibility requirements or application process may be emailed to bor@ascp.org. ■