



# NEWS & VIEWS

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*Advancing Scholarship in Laboratory Medicine*

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## Laboratory Medicine Practice Guidelines - New Name for the Standards of Laboratory Practice

At the Board of Directors' meeting in October, the Board approved a change in name for our major scientific product, from Standards of Laboratory Practice (SOLP) to Laboratory Medicine Practice Guidelines (LMPG). Why, after several years of use, did we decide to make a change? From the start of the program, there was some concern about the use of the word "Standard" in the name. A standard, in legal terms, indicates a measuring stick by which performance can be measured. For example, in malpractice actions, practitioners can be held liable if their conduct did not follow accepted "standards of practice". In addition, another organization, the American Association of Blood Banks, was successfully sued for establishing "standards" for blood product testing that, in the early 1980's, did not require testing for HIV. The term "standard" implies that, if laboratories are not following the approaches in the publications, they could be subject to certain penalties. We certainly did not want that to happen to anyone as a result of our efforts.

More importantly, however, the term

most widely recognized in the literature for evidence-based recommendations is "guidelines". These represent suggested "best practices" and are commonly utilized in various areas of medicine. Moreover, the SOLP program has, from the beginning, produced recommendations based on the joint opinions of laboratorians and practicing physician specialists in each area covered. The recommendations covered more than just laboratory practices, but also how tests could best be utilized to improve patient care. Finally, on a lighter note, the term "SOLP" was difficult to pronounce, and on more than one occasion was converted to "SLOP", a term none of us would want associated with our publications!

The Board therefore searched for a term that reflected the true focus of our efforts: to bring clinicians and laboratorians together to improve the ability of laboratory testing to positively affect patient care. We believe that the new term better reflects what we have been doing, without the possible negative implications of the older term. The actual focus of our efforts and our publications will not change.



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*The policy of the NACB is that only the President, President-Elect, Secretary, and Treasurer may make official statements on behalf of the NACB. This limitation does not apply to the conduct of routine business transactions. All views expressed in the newsletter are solely those of the contributors, authors, or editors and not necessarily those of the NACB.*

## From the Editor

Following this issue of the Newsletter, **Sal Sena** will be leaving us as Co-editor of the publication. Due both to his increasing responsibilities in ABCC and to other commitments, he has requested to resign from his current position.

I am very grateful to have had Sal working alongside me, as the tasks of putting out a newsletter are extremely time-consuming and often frustrating. When Sal and I took on the task of being Co-Editors, we were not exactly sure what each of our roles would be, since historically there was only one editor. I think Sal assumed the more difficult part of the job, i.e. reining in the "tardy few" who, despite much pleading, cajoling, etc., are still unable to make the deadline. I don't think anyone needs to be reminded of what goes on behind the scenes of producing a publication (calling for contributions, editing, layout, proofreading, mailing), but it takes a lot of cooperation and work from all involved to put one out in a timely manner. Sending in your contributions late can significantly delay the production date of the newsletter. Therefore, I am requesting contributors to be more conscientious about meeting the deadlines, especially now in Sal's absence. (For those of you who have consistently been on time, my grateful thanks).

Sal has been a great colleague and has made my task a lot easier. I will miss his valuable assistance in getting the contributions edited to me in time. I want to take this opportunity to wish Sal the best in his new endeavors. I would also like to congratulate Sal and his wife Meg on being the proud parents of a new baby girl named Olivia Marie, born on January 19, 2000, weighing a healthy 8lb 2 oz!

Best regards,

A handwritten signature in black ink, appearing to read 'K-T Jerry Yeo'. The signature is fluid and cursive, with a long horizontal line extending from the bottom of the name.



## President's Corner

### Positioning the Academy on Elements of Scholarship

Among several important topics addressed during our October '99 BOD meeting in Chicago were three that are very closely linked. First, was the issue of both what the Academy is and what its relationship is with AACC; second, was the activation of a joint initiative between NACB and AACC for the recruitment of new Fellows; and third, was the placement of the NACB logo in the journal *Clinical Chemistry*.

On the first topic, the BOD deliberated extensively on the concept of establishing a stronger Academy and on how to better integrate Academy activities with those of AACC. The idea behind this review was that our relationship with AACC is currently strong and that this is a good time to consider ways to enhance the partnership. Discussions ranged from establishing models based on other organizations with academies such as ours to detailing planned activities designed to enhance our relationship with AACC. The models considered were those from full independence to complete integration of both organizations. Many issues were discussed, and the BOD favored continuation of a relationship based on the present agreement. However, the BOD did recommend that, in the very near future, we should consider expanding the number of activities that would enhance the recognition of Fellows of the Academy at the AACC Annual Meeting and at other related functions. To this end, a group comprised of representatives from NACB and AACC, selected by AACC President K. Michael Parker and me, was formed to define and detail which joint activities would benefit both organizations. For example, one of these activities will be the establishment of "systematic reviews" based on best-evidence for clinical decisions linked to laboratory medicine. These may be done as either spin-offs or preludes to our present SOLP program (now renamed LMPG, see related article in this issue). More on this activity will be forthcoming. The members of this group are Thomas Annesley, Charles Hawker, Jean Joseph and K. Michael Parker representing NACB and Robert Christenson, Larry Kricka and Mitchell Scott representing AACC. These

individuals would like very much to have your input and suggestions on ways to enhance the mutual partnership between NACB and AACC. Please contact them directly with your ideas.

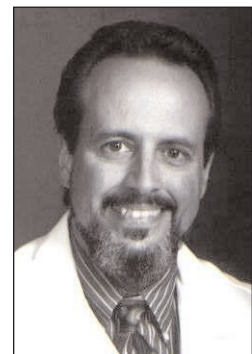
Based on our previously established mission linking the scholarships of discovery, integration, application and teaching in laboratory medicine, the BOD has initiated a campaign to recruit new Fellows to our Academy. By the time of this publication, a joint letter will have been mailed from Mike Parker and me on a special joint NACB-AACC letterhead to AACC members with distinction in one or more of the above scholarships personally inviting them to become Fellows of the Academy. This letter will also be sent to individuals who are now ABCC-certified but are not yet Fellows. I will keep you posted on the results of this campaign and hope that you will each encourage others to join the Academy when appropriate. We plan to recognize the new Fellows during the annual AACC meeting in San Francisco later this year.

Lastly, the BOD approved the wording on an agreement between NACB and AACC to have the NACB logo placed next to the AACC logo in the *Clinical Chemistry* journal. This agreement was also approved by AACC's BOD, was signed by both Presidents, and is now effective. The first logo should appear in the January 2000 issue of CCJ (see related details in this NL below). This agreement represents a major step in our Academy's history, particularly as it relates to our affiliation with the AACC. All in all, I think that our BOD accomplished a tremendous amount during this past year and that they should all be commended for the excellent work and successes. I applaud them all.

Best wishes for a wonderful new year ahead,



Roland Valdes, Jr.  
President



## **“Laboratory and the Electronic Medical Record – Issues and Opportunities”**

*Symposium—Planning, Issues, and Discussion*

**Airport Radisson Hotel  
Philadelphia, PA**

**September 15-16, 2000**

Our Academy has sponsored two previous meetings exploring the leading edge concepts in point-of-care testing (POCT). Following this tradition, we are planning a Year 2000 symposium, entitled “**Laboratory and the Electronic Medical Record – Issues and Opportunities**”. The two-day meeting will identify and discuss critical issues involving the integration of laboratory information systems with requisite data archiving to the Electronic Medical (or Health) Record (EMR or EHR). Several organizations are cooperating to co-sponsor this conference: the National Committee for Clinical Laboratory Standards (NCCLS), the Clinical Laboratory Management Association (CLMA), the Centers for Disease Control and Prevention (CDC), and the Philadelphia Section of the American Society for Microbiology (ASM).

**Based upon the successful dynamics of our two previous POCT symposia and our Standards of Laboratory Practice (SOLP) series, a highly interactive forum is planned to permit the meeting participants to focus on the evolving role of the Laboratory Information System (LIS) in the landscape of the rapidly evolving EMR.** Following an overview by the moderator, panelists selected to represent their areas of expertise will have 10-15 minutes to present information on their specific points of view (*see draft program below*). The moderator will then open discussion, allowing all meeting participants to ask questions and present additional data. Open interaction among panelists and members of the audience will be encouraged, but discussions that are not productive or based primarily on opinion instead of data will be restricted.

In addition, an area will be provided for poster presentations (see abstract submission form). The posters will be set up at the beginning of the meeting to allow participants to view them during breaks and to refer to them during the discussion sessions.

**Please contact Jay Jones or Larry Kaplan if you are interested in participating. Be sure to set aside money and time to attend this very important meeting!**

### **MEETING PROGRAM: DRAFT**

**Day 1: “Components of the Electronic Medical Record (EMR): Which Systems Integrate with the LIS and What You Need to Know About Them.”**

**Keynote Address: “The Lab’s Role in Aggregating the Electronic Medical Record, Common Sense Realities”** Emery J. Stephans (Enterprise Analysis Systems)

**Session A: “Nuts and Bolts of the EMR”**

- Current Boundaries and Fragmented Components of the EMR
- Business versus Clinical Decision Support
- How Users Should Be Involved in Integrating the LIS into the EMR.
- “Best of Breed” Lab, Pharmacy, Radiology Diversity in the EMR.
- Will Structured Standards or Marketplace Functionality Drive the Aggregation of the EMR?

**Session B: Disparate Information Systems - Overcoming Chaos**

- HIPPA, Consumer Rights, and the EMR.
- Transferring Lab Data Across the Continuum of Care.
- How Will the Medical Records Department “pull it all together”?
- Will there be a National Clinical Repository for EMRs?

## Advancing Scholarship in Laboratory Medicine

### Day Two: “Successful Models for Connecting Lab to the EMR: Now and the Future”

#### Session C: “Connectivity Experiences – The Web, Wireless, and Beyond”

- Wireless Technology – Capabilities and Expense.
- Web-based “Groupware” and the Provider Customer.
- Integrating Healthcare Systems – Standardization’s Ultimate Goal.
- POCT Connectivity Industrial Consortium – Will industrial “competition” create an open standard?
- Client Service Systems.

#### Session D: “Visionaries on the Road to Success”

- A Doctor’s Clinical Information System.
- Clinical Information - Market the Success!
- A Community’s Electronic Health Record – The Helena Vision.
- An Integrated Enterprise at the University of Alabama, Birmingham.

## CALL FOR ABSTRACTS

**DEADLINE FOR SUBMISSION:  
May 31, 2000**

**Send in your abstracts early - a maximum of only 30 abstracts can be accommodated**

### INSTRUCTIONS FOR PREPARATION OF ABSTRACT

Abstracts of posters to be presented at the above meeting must meet specific criteria in order to be accepted. Correctly submitted abstracts will be subject to peer review and evaluated with regard to relevance to the title of the conference. Failure to follow instructions for preparation and submission of

abstracts will result in rejection of an otherwise acceptable paper. Abstracts will be published in the program booklet and considered for publication in *Archives of Pathology and Laboratory Medicine*.

#### 1. Content of Abstract

The information must include and clearly state:

- a. the **objective** of the study
- b. the study **design** and **setting** indicating relevance to the topic
- c. the **main outcome measures** and **results** of the study
- d. the **conclusion**

#### 2. Abstract Form

Text must fit into a space of 5 1/2” X 6” (no margins within this space) and be typed on plain paper.

- \* Use 10 point fonts at 12 characters per inch, single-spaced
- \* Use laser printer or fully-formed character printer
- \* Submit both printed abstract and on a diskette in Word, WordPerfect, or ASCII format.

#### 3. Title/Author/Affiliation

The title should be brief and clearly indicate the nature of the work. State the presenter’s name, professional credentials, and affiliation.

#### 4. Submission Instructions

Abstracts must be received by *May 31, 2000*. Send abstract and diskette to:

*Dr. Donald Cannon  
Quest Diagnostics  
One Malcolm Ave  
Teterboro, NJ 07608-1070*

**National Academy of  
Clinical Biochemistry  
Past Award Recipients**

**NACB Special Recognition Award**

1999 Leonard B. Seeff, M.D.

**Johnson and Johnson Clinical Diagnostics  
Lectureship (Award)**

1998 Eugene Braunwald, M.D.

1997 Herbert A. Fritsche, Ph.D.

1996 Samuel Meites, Ph.D.

1995 Lewis E. Braverman, M.D.

**Eastman Kodak Lectureship**

1994 Scott M. Grundy, Ph.D., M.D.

1993 Bernard J. Carroll, M.D., Ph.D.

1992 Bert W. O'Malley, M.D.

1991 L. Stefan Lohmander, M.D., Ph.D.

1990 Ernest Beutler, M.D.

1989 David C. Ward, Ph.D.

1988 Eric A. Bernard, M.D.

1987 Aram V. Chobanian, M.D.

1986 Emmanuel Faber, M.D.

1985 Clement A. Finch, M.D.

1984 Leon L. Goldberg, M.D., Ph.D.

1983 Andre Robert, M.D., Ph.D.

1982 Frank W. Pitman, Ph.D.

**The George F. Grannis Award for Excellence  
in Research and Scientific Publication**

1998 Srideri Devaraj, Ph.D., F.A.C.B.

1997 Theodore Christopoulos, Ph.D.

1995 Gregory J. Tsongalis, Ph.D.

1994 Ishwarlal Jialal, M.D., F.A.C.B.

1993 Amitana Dasgupta, Ph.D., F.A.C.B.

1992 Nader Rifai, Ph.D., F.A.C.B.

1991 Alan H. Wu, Ph.D., F.A.C.B.

1985 James L. Wittliff, Ph.D., F.A.C.B.

1981 Herbert K. Naito, Ph.D., F.A.C.B.

National Academy of Clinical Biochemistry  
Award Recipients

**The Professor Alvin Dubin Award  
for Outstanding Contributions  
to Clinical Biochemistry**

1999 Myron M. Warshaw, Ph.D., F.A.C.B.

1998 Lawrence A. Kaplan, Ph.D., F.A.C.B.

1997 Steven J. Soldin, Ph.D., F.A.C.B.

1996 Herbert E. Spiegel, Ph.D., F.A.C.B.

1995 Norbert W. Tietz, Ph.D.

1994 Basil T. Doumas, Ph.D., F.A.C.B.

1993 Amadeo J. Pesce, Ph.D., F.A.C.B.

1992 Carl A. Burtis, Ph.D., F.A.C.B.

1991 Laurence Demers, Ph.D., F.A.C.B.

**NACB Awards:  
Call for Nominations**

The Awards Committee is seeking nominations for the NACB annual awards to be presented at the 2000 meeting in San Francisco. As in past years, three awards will be presented in recognition of those who made and continue to make outstanding contributions to the field of clinical biochemistry. The committee is asking for your help in identifying candidates who are worthy of recognition. As a reminder, the awards and selection criteria are as follows:

**The Professor Alvin Dubin Award**

For distinguished contributions to the discipline and practice of clinical biochemistry. This award is named in honor of the late Academy member who contributed significantly to the development of NACB. The award recognizes a current or past member of the Academy who has made noteworthy advances enhancing the mission and stature of NACB.

**National Academy  
Distinguished Scientist Award**

For outstanding research advances in the field of clinical biochemistry. This award is given to an individual who has made significant contribution to the knowledge of biochemistry of disease or to discoveries of fundamental importance in the use of clinical chemistry techniques, instrumentation, or in the application of the principles of clinical biochemistry.

**The George Grannis Award**

For an outstanding scientific paper or clinical report published in the year preceding the Annual Meeting. Preference is given to nominations of younger investigators who qualify for membership in the NACB.

Please consider personally submitting a nomination of someone you think worthy of recognition. Thank you in advance for your help in the nomination process. Please send nominations to:

Paul C. Fu, Ph.D., FACB  
Department of Pathology and Laboratory Medicine  
Box 12, Harbor UCLA Medical Center  
1000 W. Carson Street  
Torrance, CA 90509

Tel: 310-222-2248 Fax: 310-783-0350

***NACB Fellows Win Prestigious  
Automation Awards***



Following closely behind the 1999 AACC meeting at which NACB Fellows garnered the top three awards presented by the AACC, two Fellows of the Academy were honored with the top annual awards presented by the Association for Laboratory Automation.

Charles D. Hawker, PhD, MBA, FACB received ALA's annual Becton Dickinson Award for "significant contributions to medical systems engineering," and Paul J. Orsulak, PhD, MBA, FACB won ALA's annual Roche Diagnostics Award for "most novel use of robotics in clinical laboratory automation."

Dr. Hawker is Clinical Associate Professor of Pathology at the University of Utah School of Medicine and Director of Special Projects at ARUP Laboratories, Inc., Salt Lake City, Utah. He has been involved in automation-related activities for more than 15 years and most recently was project manager for the installation of a major automated transport and sorting system at ARUP. He is an Advisor to the NCCLS Area Committee on Automation, Chair of the NCCLS Subcommittee on Automation Communications, and Co-Chair of the Health Level Seven Laboratory Automation Special Interest Group. Dr. Hawker is President Elect of NACB and was President of the Clinical Ligand Assay Society in 1984-85 from whom he received the first CLAS Distinguished Service Award in 1998.

Dr. Orsulak is Professor of Psychiatry and Pathology, University of Texas Southwestern Medical Center and Technical Director of the Toxicology Laboratories, Department of Veterans Affairs North Texas Health Care System. He spearheaded a collaboration of companies and customers in the development and bringing to market of a robotic instrument for preparing aliquots of chain of custody specimens for substance abuse screening and securely storing master specimens for subsequent confirmation testing. Dr. Orsulak was also the director of a project to install a major transport and robotic analysis system for the Dallas Veterans Affairs Hospital laboratory. He is an Advisor to the NCCLS Area Committee on Automation and Chair of the NCCLS Subcommittee on Containers and Carriers.



**Call  
for  
Nominations**

The Nominating Committee is soliciting names for the following positions:

**President-Elect** (will serve as President-Elect in 2001-2002, President in 2003 and Past President in 2004; a 4-year total commitment in accordance with our new Bylaws)

**Secretary** (2001-2003)

**Board of Directors** (two members for 2001-2003); and Nominating Committee (three members for 2001-2002, with individual receiving the most votes serving as Chair in 2002). The current members of the Nominating Committee are: Larry Kaplan (chair), John Chapman, Robert Murray, Nader Rifai, Robert Dufour, and Roberta Reed. Members should submit their recommendations for these positions to:

Larry Kaplan,  
by e-mail (lk27@is2.nyu.edu)  
fax (212-263-8284)  
or regular mail  
Dept. of Pathology  
Bellevue Hospital  
1st Avenue & 27th Street  
New York, NY 10016

The deadline for nominations is April 1, 2000.



## Upcoming Meeting and Conferences

*Frontiers in Lipoprotein & Vascular Disease Research: Basic Science, Analytical, Clinical and Public Health Applications.* May 5-7, 2000, Hyatt Regency Hotel at Union Station, St. Louis, MO. Sponsored by the AACC Lipids and Lipoproteins Division in association with the American Heart Association, CDC, and NACB. Contact: Paula Steiner, Medical Research Laboratories, 2 Tesseneer Drive, Highland Heights, KY 41076. Tel: 800-323-2996 (x405), fax: 606-781-9310, e-mail: [frontiers@mrl-crl.com](mailto:frontiers@mrl-crl.com).

*18<sup>th</sup> International Symposium. Critical Care Testing in the New Millenium: The Integration of Point-of-Care Testing.* June 1-4, 2000, Marienlyst Hotel, Helsingor, Denmark. Under the auspices of the International Federation of Clinical Chemistry, this conference is sponsored by the AACC Critical Care Testing Division (formerly the Electrolyte/Blood Gas Division) and Point-of-Care Testing Division in cooperation with the IFCC Working Group on Selective Electrodes and the Japan Society of Clinical Chemistry (Committee on Blood Gases and Electrolytes). Contact: Ellis Jacobs, Ph.D., Tel: 212-241-3891, Fax: 212-876-0651, e-mail: [ellis\\_jacobs@smtplink.mssm.edu](mailto:ellis_jacobs@smtplink.mssm.edu).



## NEWS & VIEWS

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