



MLT

# Analyzer

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## President's Message

I was very pleased to be able to meet many of you in Dalhousie in April. The North Shore Academy and especially the organizing committee, led by Paula Steeves, did a marvellous job with this event. The sessions were well attended and the social events were great fun. The exhibitors seemed pleased to have been in the middle of things. Each year the APSC provides the opportunity to learn something new about our industry partners.

It is important for technologists to take advantage of every educational opportunity that presents itself. Not everyone is able to attend every event but with the support of fellow technologists and employers each event can reach more people through a willingness to share information. I hope that many more of you will take opportunities like these to begin documenting your professional development activities.

The motion regarding the Professional Development Program (PDP), passed at the 2004 Annual General Meeting, has sparked much debate about the program and how it will affect the technologists working in NB. There is still much work to be done before the program is finally implemented. The motion paves the way for steps leading to approval of a proposed Bylaw change.

This Bylaw change will involve adding a requirement for completion of the PDP in order to qualify for renewal of registration/license to practice.

The Advisory Committee for Regulation & Professional Practice will present recommendations on administration of the PDP to the Board of Directors. The proposed Bylaw change will be mailed to all members, in preparation for a vote at the AGM 2005. Once the Bylaw change is approved at the AGM, it will be presented to the NB Legislature for cabinet approval. After approval by the Lieutenant Governor in council, the new Bylaw will take effect; in time for either the 2006, or more likely the 2007, renewal year.

The program administration details will be published in the newsletter, and circulated to the academies, as soon as they are finalized. The process has taken a very long time to get to this stage. I know that some technologists are concerned about the professional development program; but I urge you all to keep track of your activities, document them, and I am sure that you will find that completion of the requirements are not as difficult as it might seem at first.

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<http://www.nbsmlt.nb.ca>

If you will not settle for anything less than your best you will be amazed at what you can accomplish in your lives.

Vince Lombardi



## President's Message

*(Continued from page 1)*

The Congress 2005 committee returned from Saskatoon, where, while the congress experience was important, the information gathered there will help us plan a more successful congress here in Moncton in 2005. We have learned a lot along the way and we hope that many pitfalls will have been avoided but there is a lot still to be done. In early 2005 we will need to begin lining up committed volunteers for various tasks. We have been very

pleased with the number of technologists who have already come forward. I hope that everyone will continue to be as supportive as they have been so far.

Enjoy your summer and keep in mind that the nominations for president-elect 2005 are still open.

Bernadette Muise, BSc. MLT  
NBSMLT President 2004



*Congratulations !!*

*Newest NBSMLT PDP Recipients*



*Marielle Lagacé  
Kathleen Penney  
Jeffery Justason  
Rachel Bérubé  
Charlene Collins  
Angèle Emond  
Brenda Bourque  
Lisanne Gautreau  
Peggy Flett  
Bernadette Muise*

*Janice MacLeod  
Margaret Swift  
Melissa King  
Natalie Raymond  
Margaret Lebelle  
Sylvie Lebreton Losier  
Diann Roy  
Marsha Cook  
Jean Henry*



**Please remember to include all necessary documentation with your PDP applications; this will prevent any additional delay in the processing. If you wish original documents to be returned, please include a stamped self-addressed envelope.**

**Many thanks...your ACR&PP committee.**

## Anita Lindsay Award Recipient - Vivienne Bourgoin



The NBSMLT Exceptional Professional Service Award was renamed last year in honour of Anita Lindsay, who was an exceptional professional. Anita worked in Fredericton and was very active in professional activities from President of the NBSMLT to the first registrar of the regulated society. The Board of directors felt that her accomplishments should be recognized and chose this manner to do so. A technologist who fulfils the requirements for this award has a great deal of which to be proud. It is with great pleasure that the Anita Lindsay Award 2004 is presented to Vivienne Bourgoin.

Moncton Hospital in 1969 and was a valuable part of the Transfusion Medicine team from 1980 until her retirement in 2003. Vivienne exemplified professionalism every day she worked. As part of her duties she was responsible for training new technologists in Transfusion Medicine. She was not only thorough; but also tireless in providing them with the tools they would need to become successful. Vivienne attended, almost without fail, every Academy meeting held in Moncton during her career. She volunteered at teddy bear fairs, and for the many unsung, but necessary, tasks required for successful academy activities. She held office at the local level and was involved with organizing conferences, Med Lab week events as well as career days. Vivienne never missed an opportunity to promote the profession of which she is so proud.

Vivienne began her career at The

Vivienne was an example to all technologists in her continuing education

efforts. She was one of the first to receive the NBSMLT Professional Development Program certificate and also earned CSMLS Professional Enhancement Program certificate and Certificate of Professional Studies in Transfusion Science. Vivienne is one of those rare people who gave 100 per cent every day she worked. The welfare of the patient was always paramount. She gave up many hours of her free time in coming to the aid of inexperienced technologists working off-shifts. She lives only a few blocks from the hospital and could always be counted upon to arrive when others might not be able to get in because of poor weather. Her dedication and commitment to the care of the patients of The Moncton Hospital has been outstanding. This award provides recognition both for the exceptional way in which she challenged every day, and for the shining example of what a technologist should be.

Vivienne began her career at The

**Thank You**

I would like to thank the Board of Directors of the NBSMLT for the Anita Lindsay Award, which was presented to me at the APSC held in Dalhousie April, 2004.

I was very honoured, pleased and surprised. It certainly has been the highlight of my retirement.

We are all small cogs in the wheel of laboratory services but all of us together, with professionalism, continuing education and just plain supporting and encouraging each other, can and

must, be there for the people who need us most, the patients!

I wish the NBSMLT all the best in the future and continuous support from all our technologists.

Yours truly  
Vivienne Bourgoin

## Organizer Extraordinaire

Paula Steeves, 2 years ago, asked the question "Why can't the APSC be held in the Campbellton/Dalhousie region?"

Soon she found herself organizing, delegating and directing a dedicated team putting forth the APSC conference in Dalhousie. Not since 1984 had the region hosted such a major event. Being somewhat isolated, the challenges were great. But Paula believed we could and would have a successful event. She brought everyone on board, each having his or her own job to do. She organized fundraising func-

tions, including the High Tech Cookbook, raffles on a BBQ and gift baskets, 50/50 tickets and even made and sold Christmas gift tags.

A web site was built to advertise and promote APSC 2004. Word must have spread to the members as we had an overwhelming response. Approximately 100 delegates registered along with 18 vendors and 28 speakers.

Members enjoyed the quality lectures, meeting with the vendors and of course socializing at the "Mystic Evening" and "Mexican Fiesta".

Paula always said that "this thing runs itself" but we know that without her dedication and perseverance we would not have witnessed such a successful APSC in Dalhousie.

We, the organizing committee, for the 2004 APSC would like to recognize Paula's efforts and thank her for believing in us and our region!

Submitted by  
Dan Leger

## APSC 2004 Dalhousie

Before one APSC has come and gone, the next one is already in planning.

Planning an APSC can be tedious and a lot of hard work, but the reward of having accomplished something as a team, and seeing the benefits is priceless.

For everyone who is working in a smaller lab, I encourage you to team up as we did and take on this rewarding endeavour. You would be surprised with what you can accomplish when everyone works together! It's the size of your enthusiasm not your lab which determines a successful APSC.

This year's APSC was held on April 22-24 2004 at the Best Western Manoir Adelaide in Dalhousie and registered 94 delegates, students and instructors from NB, PEI & NWT.

The event started off with the Keynote speaker, Jacques Ouellette, who got us on our feet and spoke to us about putting the fun back into our daily tasks and showed us how each person plays a vital role in a team-based work environment. The afternoon continued with lectures on Diabetes, Point-of-care, occupational health hazards, etc.

Eighteen exhibitors registered for APSC and held a wine & cheese reception complete with fortune tellers, astrologists and Don the magician, which proved to be very popular! Many prizes were won at this event, the Grand-Prize winner being Carolle Lan-

teigne from Caraquet who won a beautiful gold necklace with a fireball pendant. The exhibitors sponsored all the breaks and lunch during APSC.

Friday April 23<sup>rd</sup> was a full day of lectures ranging from Life in the Northwest Territories to C-reactive protein. At the end of the day, everyone earned a fun filled night at the Mexican Fiesta. Over 100 people dressed for the event and danced the night away in between games such as limbo, pin the tail on the donkey and pass the pepper. Hundreds of prizes donated from local merchants were won, including those that fell from (with) the piñata.

Saturday morning started with a captivating lecture on Sleep Disorders, which really kept us awake after a late night! It was followed by a lecture on osteoporosis and another, on the future of Medicare and the current state of our health care system, that definitely made us change our attitude towards "free" health care.

The Annual General Meeting was well attended as history was made in Dalhousie with the motion regarding mandatory PDP certification being approved with an overwhelming 46 to 5 majority. Congratulations on the NBSMLT for their hard work in attaining this achievement. Vivienne Bourgoïn from Moncton was also rewarded with the Anita Lindsay Award for her dedication towards her profession.

We received a lot of positive feedback

on each of our speakers. Our goal was to have the lectures relate to our profession, while "keeping it light" at the same time. We wanted this year's APSC to have a "Down Home" atmosphere and to welcome everyone as we would in our own home. We hope that everyone now knows what we mean when we say: "There's no shore like the North Shore, that's for sure"!

\*\*\* Unfortunately, we were so busy making sure everything went smoothly that we didn't get to take very many pictures...If you have some photos that you would like to share with us, please send them to [emtlab@nb.sympatico.ca](mailto:emtlab@nb.sympatico.ca) and we can add your name to the website where these photos will be displayed\*\*\*



Paula Steeves Chair 2004 APSC  
Organizing Committee

## APSC 2004

While on maternity leave, I was lucky enough to attend the APSC in Dalhousie in April. The speakers were very interesting. I thought the lecture given by Sgt. Michel Frenette, RCMP on Drug Identification, Effects & Trends was especially enlightening. It was nice to have some colleagues of mine presenting. I thought they all did an excellent job.

The social events were well attended. Everyone seemed to really enjoy themselves. We all had a great time at the Mexican Fiesta. I also attended the AGM.

The big highlight for me came when Vivienne Bourgoïn, a mentor of mine, accepted the Anita Lindsay Award. It was well deserved. Congratulations Viv.

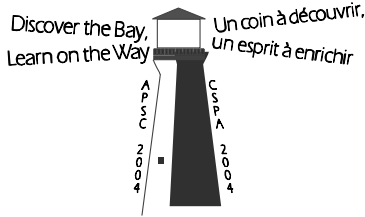
Congratulations to the organizing committee for a job well done!

See you all in Moncton next year.

Shelley Stymiest  
CE Representative  
Moncton Academy



## APSC 2004 (continued)



My experience at APSC 2004 in Dalhousie was a pleasant one. The Best Western Manoir Adelaïde was very nice and inviting. Everyone involved in the committee for APSC were very helpful and organized.

I had the opportunity to meet with the speakers and to mingle with old and new friends.

The only regret I had was that I couldn't attend all of the sessions.

Thank you to the Moncton Academy for providing me with a \$50.00 grant to attend this function.

Peggy Flett  
April 2004

## Museum Of Medical Laboratory Science:

A museum of Medical Laboratory Science officially opened at the Saint John Regional Hospital on October 30, 2003. While it took years to come to fruition, those of us at the Regional feel it was well worth doing because of the enthusiasm it created within the laboratory.

Like most hospitals in the province, we had collected several old instruments, glassware, books, etc. Many of us felt that these items should be displayed. A case built into the wall seemed the most cost effective as well as not requiring any floor space.

Sharon Nason had sought ways to fund such a project but in the end it was our local academy that came through for us financially. All we then needed was for our lab manager, Reine Wojcik to obtain a donation of space from the hospital corporation. The hospital management generously supplied space along the main corridor leading to the lab area.

Randy Thornhill oversaw the plans for the case, which were drawn up by an on-staff architect. The finished size is approximately 5x9 feet and 18 inches deep. Adjustable glass shelving was included as well as overhead lighting on a timer. This feature proved to be a great idea as we later found out that intense light can be damaging to book-bindings and papers.

The glass shelving is great for display of glassware and small implements, but unfortunately, can't withstand weight of heavier objects. We've placed a few of the heavier items (microscopes and microtome) on the

bottom of the case, which is made of solid wood.

We still have a lot of work to do. There should be an explanation of the use of instruments put on display; to give them provenance and relativity. I am anxious to obtain any pictures that show older instruments in use and would welcome contact from anyone who has such photos.

As the current project coordinator, I have sought advice from the New Brunswick Museum. Dee Stubbs has been most helpful in giving us information on how to properly store and care for items.

lections will be of interest.

There are probably laboratory items of interest being stored in your own hospitals. I hope that some of you will consider giving them new life with a display of your own.

I will try to keep everyone posted on any new developments. If you wish to contact me regarding your own project or pictures you'd like to share please do so at:

pta@nb.sympatico.ca  
or call 506-738-3186.

Submitted by  
Claudette Ptasznik (SJRH)



I have visited the Nurses Association of New Brunswick museum, in Fredericton, and was overwhelmed by their collection and also inspired to do more with ours. If you have a chance to visit them on Regent St. I'm sure their col-

Front, from left: Hope MacKenzie, Sharon Nason, Claudette Ptasznik, Suzanne Turcotte  
Back, from left: Susan Findlater, Randy Thornhill, Janet Reid

## CSTM Niagara-on-the-lake

I recently had the opportunity to attend the Joint Conference of Canadian Society for Transfusion Medicine (CSTM), Canadian Blood Services (CBS) and Héma-Québec, which was held May 12-16, 2004 in Niagara-on-the-Lake, Ontario. Here are the highlights of the conference. Not only was it a great conference, it was warm and the sun was shining!

The first day consisted of workshops; the morning on *Transfusion Safety Officers (TSO)* and the afternoon on *Implementation of the CSA Z902-04 Standards for Blood and Blood Components*.

The TSO workshop was very interesting. Quebec has the best organized, and most active group of TSOs but the other provinces are beginning to follow suit. Some of the activities discussed were audits on IVIg (Intravenous Immune Globulin) including indications for use, rates of infusion and care of the patient as well as reporting, investigation and management of transfusion reactions. The TSOs also collect data on adverse events, "near misses" and errors and provide follow up and education required to improve these processes. There were also TSOs from British Columbia and Ontario who made presentations. All of the speakers emphasized the need for a team approach including laboratory technologists, nursing and physicians and stressed the importance of multidisciplinary education to make the process effective.

The "standards implementation" workshop included presentations on implementation of an error reporting system; developing a quality systems approach, policies and standard operating procedures, and document control. There was lively discussion on the subject of training and competency assessment of staff involved in transfusion.

Each day began with a lecture on proteomics and the transfusion laboratory. A proteome is defined as the sum total of all the proteins expressed in plasma. Dr. Greinacher, a physician from Germany explained that "The immunohematologist of the next decade will be a "proteome serologist" who identifies changes in protein pattern and consequent immunological impact." Something to ponder!

The Neonatal transfusion symposium featured a great lecture by Dr. Ron Strauss on feasible, safe and efficacious RBC (red blood cell) transfusions and the risks and benefits associated with recombinant erythropoietin. There were also presentations regarding studies on conservative transfusion regimens in neonates and the use of leukoreduced products in this population.

Dr. Steven Kleinman gave a presentation on the diagnosis, possible causes and strategies for prevention of TRALI (transfusion related acute lung injury). The final statement of the Consensus conference held in April of this year is

expected to be released in June, 2004.

One of the most interesting lectures of the conference was a report of a recently completed multicentre, randomized, double blind, clinical trial on the use of Recombinant Factor VIIa in Trauma patients; given by Dr. Sandro Rizoli from Sunnybrook hospital. There was a decreased mortality in the patients who receive the Factor VIIa as compared to those who received the placebo.

The Scientific program was excellent, the venue was outstanding and the food was wonderful (yes, cheesecake was served on more than one occasion!).

For more information on CSTM go to [www.transfusion.ca](http://www.transfusion.ca).

Submitted by:  
Anne Robinson, ART  
Transfusion Specialist  
Southeast Regional Health Authority



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## Continuing Education Committee Report

At this time our main focus is getting our Congress Guidelines finished and circulated. The final draft is finished and is going to be brought to the board for approval.

I also had the opportunity to go to Hamilton, Ontario, recently for our Professional Development Meetings. We

had a very eventful week-end and accomplished a lot of our agenda. I look forward to the time that these ideas are completed and I can bring them forward to all.

The CSMLS is also looking for course developers, markers etc. If anyone is interested or knows of anyone that is

interested, please feel free to contact me, or Julie Aherne, at the CSMLS, for information.

Respectfully Submitted,  
Lisa McCarthy, CE Chair

## Fredericton Academy Report

We have been busy at our academy since the last issue. There was a great deal of time and work put into preparations for the National Medical Laboratory Week.

Northern Carleton, Woodstock and Perth also had a very successful week.

Fredericton had news releases each day on JOY FM radio featuring a different discipline each day. We had a full-page article in the Daily Gleaner dedicated to our profession with lots of photos. The labs up river also had a page on our career and photos in the Observer.

Outside the cafeteria at the DECRH each day, we displayed photos featuring a different department along with a short write-up of the duties.

On Tuesday, April 20<sup>th</sup>, Fredericton held a dedication memorial service in

memory of Anita Lindsay. A very beautiful print was unveiled and will hang in the staff lounge. Anita's parents, husband, and family attended. The service was followed by a luncheon.

The labs up river also had a cake celebration, night out, potluck and contests (match the baby pictures and match the feet pictures) Sounds like fun. All went very well and of course we had our new posters displayed throughout our jobsites.

In Fredericton, we had noon hour lectures Monday, Tuesday and Wednesday that were made available to the other labs in the region via teleconference. All were well received and attended.

We also had the good fortune of being invited to take part in a career fair at Fredericton High School. Several technologists and MLT students took part

in manning the booth, passing out brochures and talking to parents and students.

I want to thank Perth, Woodstock, Bath, Plaster Rock, Minto, Oromocto and CFB Gagetown for being eager to participate and promote our profession. It proved to be a most successful week and congratulations to all.



**Anita Lindsay Memorial  
Service Celebration**

Carol Borden Greene  
PR Representative

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## Miramichi Academy Report

As part of Med. Lab Week our academy organized a fundraising campaign in which all of our proceeds went to the Canadian Cancer Society. This campaign ran over a period of approximately 4 weeks. We held bake sales, 50/50 draws and sold tickets, in which you had the chance to win a basket full of goodies or a \$100 gift certificate for the Rodd Miramichi (Donated by Beckman-Coulter). Our final tally was a little over \$1000! A good job done by all those that helped out.

During Lab Week we had a booth in our main lobby in which people could stop by and pick up some information on our profession.

We had four technologists that were able to attend APSC this year. We all enjoyed ourselves and would like to congratulate those in Dalhousie who put together an excellent week-end. I believe all who attended had fun.

At this time our Academy is host to two students. One is a co-op student from the local high school and the other student, Brandy, is from the Medical Laboratory Assistant Program. Brandy will spend 4 weeks with us and then we will be host to a second student from this course for an additional 4 weeks.

Respectfully Submitted,  
Lisa McCarthy, Area Director

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## Moncton Academy Report

The Moncton Academy has had two academy meetings and an education day. The education day was very informative and successful with 25 attendees.

Anne Robinson presented "Right tube, Right patient, Right result- Is it that simple?"; Dr. David Yule presented "Sickle cell anemia" and Cathy Lebens did a presentation on Breast cancer.

Two grants were given for the APSC, which was held in

Dalhousie, to Peggy Flett and Shelley Stymiest. The APSC had a range of interesting topics from sleep disorders to flow cytometry. There was something for everyone.

We are hoping to have one final academy meeting before the summer arrives. Enjoy your summer vacation.

Respectfully submitted  
Sasha Wright, Area Director

# Hemochromatosis

Hemochromatosis is a condition that exhibits the increased absorption of iron from the gastrointestinal tract. Iron, an essential nutrient found in many foods, comes in two forms, heme iron and non-heme iron. Heme iron is the functional form, found in animal sources and more easily absorbed, which makes up the oxygen carrying capacity of haemoglobin and myoglobin. Non-heme iron is present in plant sources and usually requires acid, such as vitamin C, for optimal absorption. Healthy people absorb about 10 % of the iron they ingest. Individuals with hemochromatosis absorb too much iron. The iron cannot be excreted and can accumulate in tissues such as liver, pituitary gland, heart, joints and other organs. This accumulation of iron results in symptoms of the disease.

High levels of serum iron can occur as the result of many blood transfusions, iron injections into muscle, lead poisoning, liver disease, or kidney disease, however, hemochromatosis is the most common cause of high iron. The signs and symptoms of hemochromatosis include: chronic fatigue; arthritic pain in joints\*, amenorrhea\*, abdominal pain, weight loss, shortness of breath, chest pain, heart arrhythmia, depression, irritable bowel syndrome, fibromyalgia, elevated liver enzymes (ALT/AST)\*, hypothyroidism, elevated blood sugar; enlargement of spleen, changes in skin color such as jaundice, bronze or gray-olive colored skin, a tan without being in the sun, and even redness in the palms of the hands. As you can imagine, with all these possible symptoms something more definitive must be identified in order to conclude that, in fact, the condition is hemochromatosis.

It would be very easy for a physician to misdiagnose the condition, according to the Centers for Disease Control and Prevention; people are misdiagnosed 67% of the time and will often see three doctors before the correct diagnosis is made. The physician might initially diagnose diabetes, arthritis, heart trouble, liver damage, im-

potence, liver-gall bladder disease, or stomach disorder long before he or she thinks to order an iron panel. The disease, as previously mentioned has a cumulative effect and while treatments exist; delay in those treatments can lead to irreversible organ damage and deteriorated quality of life. This disease also can result from chronic transfusion of red cells for those who have been transfused with more than 100 units.

Initially, an iron panel consisting of serum iron, unbound iron binding capacity, total iron binding capacity and percent iron saturation are performed. Transferrin is the protein that transports iron through the blood. If the percent of transferrin iron saturation is elevated greater than 60 % and the patient is of European descent, this suggests that genetic testing would be the next step in determining the diagnosis. There have been great strides in identifying genes responsible for various conditions and hemochromatosis has been found to have an autosomal recessive genetic transmission. The most common form of Hereditary Hemochromatosis is associated with the C282Y mutation on chromosome 6. This mutation occurs when the coding for amino acid 282 changes from cysteine to tyrosine. There is a second mutation on chromosome 6, H63D, in which aspartate replaces histidine. This mutation is also associated with hemochromatosis; though this mutation by itself shows low penetration and homozygous individuals have a low risk of developing the disease. The term penetrance, or penetration, in this context, denotes the proportion of individuals with a specific genotype who manifest the genotype at the phenotype level. In other words, those carrying a gene that also outwardly express traits for that gene.

Ferritin, which is a protein that binds iron and serves in storage of cellular iron, is used as a treatment management tool to ensure that therapeutic phlebotomies are successful in reducing the haemoglobin. Ferritin levels are high in states of chronic iron ex-

cess, especially in hemochromatosis. Phlebotomy reduces the iron overload by 250 mg of iron per unit removed. The intent, over time, is to make the patient slightly anaemic. This is accomplished by therapeutic phlebotomy at regular intervals until the haematocrit is approximately 0.340. There are only two methods to remove iron from the body: phlebotomy and Desferrioxamine, which is a chelator, used for those with conditions of iron loading anemia, such as chronic transfusion. Ferritin levels are used to monitor the de-ironing process, as the ferritin levels drop, so does the level of iron available to be deposited in tissues. In patients with chronic inflammation or cirrhosis the ferritin levels can be unreliable because patients with these conditions may unload iron at a faster rate.

Iron build up in those with classical (*HFE* related) hereditary hemochromatosis is slow, usually taking years to build to destructive levels. Hereditary Hemochromatosis/Iron overload generally manifests itself in the early 30's but isn't diagnosed until the patient is in his 50's because of the variety of presenting symptoms. Though it is often believed to be an old man's disease, those most at risk are; males of Scots-Irish, British, Dutch, German French, Spanish, Italian, (Northern Western European), or Mediterranean descent, or with a family history of premature death by heart attack, liver disease, diabetes, arthritis, neurological disorders or cancer. Women who no longer have a period due to menopause, premature discontinuation of period or an hysterectomy and who have the same ancestry and family history listed above are also at risk. Anyone homozygous for *HFE* gene mutations, especially C282Y appears to be at greater risk. However, evidence is mounting that indicates iron loading may occur in heterozygotes and compound heterozygotes as well, perhaps affecting the heart. If the parents are carriers, genetic testing can be useful in determining the possibility of the children being affected. An esti-

(Continued on page 9)



## Hemochromatosis (continued)

(Continued from page 8)

mated 10% of the U.S. population carries an *HFE* gene mutation. While there are many applications of gene therapy it is unlikely that this condition would be a candidate for that type of treatment as it can be managed successfully at present; provided the diagnosis is made early.

Universal screening for hereditary hemochromatosis at this time is not recommended by the Centre for Disease Control because of many unresolved issues, the most significant of which is the uncertainty about what proportion of people with genetic risk or biochemical evidence of iron overload will develop the complications of iron overload. Testing iron status directly appears to be more relevant clinically than genetic testing, as well as more cost effective.

Dietary modifications can be useful in treating the symptoms of hemochromatosis. Iron absorption is lessened by

the tannin in tea as well as by fibre in food, while Vitamin C increases the absorption of iron. Surprisingly, tobacco is rich in iron and inhaling smoke directly or indirectly can add to your iron stores. In the United States, it is estimated that as many as one in every 200 to 500 people, or approximately one million people, have evidence of hemochromatosis. In the United States May 2004 has been designated the American National Hereditary Hemochromatosis Genetic Screening and Awareness Month". With the increased awareness of the condition, we as technologists will possibly see an increase in the requests for iron panels, ferritin and PCR testing for the hemochromatosis mutation.

\*for some the middle two fingers are affected; this is known as iron fist

\*premature cessation of menstrual cycle

\*(ALT) alanine transaminase

\*(AST) aspartate transaminase

### References:

<http://www.irondisorders.org>

<http://digestive.niddk.nih.gov/ddiseases/pubs/hemochromatosis/index.htm>

<http://www.cdc.gov/hemochromatosis/>

<http://www.cdc.gov/hemochromatosis/training/glossary.htm>

<http://www.labtestsonline.org/understanding/analytes/>

SERHA LAB LINK Volume 7 Issue 1 January 2003



Iron Panel Results revealing Hemochromatosis	
Serum Iron	Increased
Serum Ferritin	Increased
Transferrin Iron Saturation Percentage*	Increased
Total Iron Binding Capacity (TIBC)	Decreased
Transferrin	Decreased
Serum Transferrin Receptor	Normal to low

\*Transferrin iron saturation percentage, otherwise known as transferrin saturation, can be calculated by dividing serum iron by TIBC multiplied by 100%.

### Upcoming Events you won't want to miss!!

Newfoundland Conference, St. John's, October 20-23, 2004

Maritech 2004 Halifax, November 21-24, 2004

CSTM 2005 Banff, Alberta, April 21-24, 2005

Congress 2005 Moncton NB May 28-June 1  
***Navigating the Tides of Change***

NBSMLT APSC 2005 Moncton NB Oct. 21,22



## President's Address AGM 2004

Bonjour et bienvenue à Dalhousie; Je m'appelle Bernadette Muise de Moncton et je suis heureuse d'être votre présidente de l'association des technologistes laboratoire médical. Je vous invite à participer plus activement dans vos académies, dans votre Association provinciale et dans votre milieu de travail afin de promouvoir notre profession. Les relations publiques continuent d'être une priorité pour le conseil d'administration.

Cette année, j'ai appris beaucoup de choses au sujet des technologistes, l'engagement envers le perfectionnement professionnel est évident si l'on considère le nombre de technologistes qui ont rempli les exigences; nous avons tendance à minimiser nos accomplissements. Je prends aussi des cours de français parce qu'il est très important d'utiliser cette belle langue. Comme vous pouvez remarquer, je suis une débutante en français.

Welcome to the NBSMLT AGM 2004. I am very pleased to see you all. It has been a very informative and fun few days. The APSC organizing committee; led by the very capable Paula Steeves; have done a marvellous job of providing the right mix of education and entertainment. I am certain they are pleased with the number of technologists who have joined us here in Dalhousie. It is always difficult for smaller centers to attract large numbers, but those who choose to attend, are rewarded with a truly unique learning experience.

As President of the NBSMLT this year, I have spent a lot of time learning the ropes; there is an amazing amount of information to be assimilated. Without the support of the other members of the Board of Directors and especially Janet Kingston who is an invaluable resource to the Society, this task would have been daunting indeed.

The PR committee has been very active, the society has moved forward with a project that has been on the agenda for many years. The committee, chaired by Janelle Levesque, has

worked very hard to provide a fresh look to the membership. We want to be recognized for who we are and what we do, the campaign they have begun will start that process. The posters "catch your eye" and there is development work going on for the website.

In every endeavour there are pitfalls and mistakes that can be made; the important thing to remember is that with every attempt we come closer to achieving our goals. Members of the NBSMLT volunteer committees give generously of their free time and welcome constructive input.

There has been and will continue to be much discussion regarding the mandatory professional development program. I understand, that in these days, when so much of our time is given to family, social, and many volunteer commitments, that it is difficult to put "just one more thing" on your plate. We are medical laboratory technologists and we should be proud of the important work that we do. We should be shouting to anyone who will listen that what we do and the accuracy with which we do it can often mean the difference between life and death. How can we perform this important work and then say, "I don't need to document that I am keeping current in my profession". Many of us, even those who oppose mandatory PDP, have the continuing education credits required. We do so much in our everyday professional life that constitutes PDP credit. We **are** life long learners; we have that type of profession. To document that attribute to the world is the next logical step.

When the NB legislature passed the ACT respecting Medical Laboratory Technologists in 1991, the government recognized the need for regulation of technologists. The NBSMLT was given that responsibility by the ACT. As a self-regulating profession we have been given the right, as well as the obligation, to maintain the standard of those practicing medical laboratory technology in this province. We

have had a voluntary program for several years now and 19% of our members have successfully completed the requirements.

There are, without doubt, many challenges facing the implementation of a mandatory PDP program; but because of the ACT we have no choice. We must move forward to ensure that the public in NB is serviced **only** by licensed MLT's, who have demonstrated their commitment to the ever-changing world of laboratory technology.

In closing, I want each of you to take a moment to recapture the pride in our profession you felt when you were first notified that you had been successful in your certification.

Now, carry that feeling forward.

Next year will be a tremendous accomplishment for this province as we host, I hope, a successful national Congress in Moncton. We have had great support from many members so far and many more of you will be asked to participate in making this event a success. The preliminary program is now available with more details to be forthcoming in the months ahead. Due to time constraints, the 2005 NBSMLT AGM has been moved to the fall. It will be held, along with an abbreviated APSC, in Moncton as well, for those few who won't be able to attend the national congress.

I hope to see all of you, along with many of your colleagues, in Moncton, May 28 to June 1, 2005 as we are successful in "Navigating the tides of change."



## Editor's page



Hello everyone. I hope that your summer plans are progressing smoothly.

The NBSMLT Board hopes that you will use this form of communication to connect with other members of the profession. There is a lot happening in our professional lives, we need to share that with other technologists. Reports from conferences, articles of interest, case studies, these types of

submissions are all welcome.

In this issue you will find information on **Maritech**, which will be held in **Halifax, Nov. 22-24, 2004**. The information is provided in English only, as that is the language of the conference.

Bernadette Muise  
Editor

### **Deadlines for submissions for the MLT Analyzer 2004:**

Issue # 3  
Issue # 4

August 6, 2004  
October 22, 2004

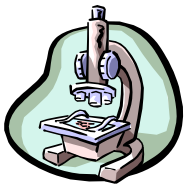
### **Send any submissions to:**

*Bernadette Muise  
Transfusion Medicine  
The Moncton Hospital  
135 MacBeath Ave, Moncton NB  
E1C 6Z8*

**Email : [Analyzer@nbnet.nb.ca](mailto:Analyzer@nbnet.nb.ca)**

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## Maritech 2004 :



## Celebrating the Past Embracing the Future

**Maritech** has come to symbolize excellence in education and fellowship. This year's program will maintain that tradition. We are planning a packed scientific program featuring daily keynote addresses and a wide range of discipline specific subjects. The complete program will be available late summer. Of course our corporate colleagues will be showcasing the latest in laboratory equipment and supplies. Our Social Committee has promised to keep you amused well into the evening!

For your convenience, a block of rooms has been designated for Maritech guests at the conference hotel, the Casino Nova Scotia.

Complementary parking for Maritech delegates is avail-

able in the Casino Nova Scotia Parkade and easily accessible by enclosed pedway to the conference centre. No need to worry about the elements.

Plan now to join us!  
Ruth Pierce, Chairperson.





*Celebrating the Past. Embracing the Future.*

**Social Program Maritech 2004**

*Sunday Evening : Nov.21,2004    Monday Evening: : Nov.22, 2004    Tuesday Evening : Nov. 23, 2004*  
***Exhibitor's Night***

*Flashback to the 70's  
 Dust off your dancing shoes  
 Put on your Disco Dud and move  
 to the beat of  
 the BEE GEES*

*View the newest and  
 latest Technology  
 Seeing is Believing because  
 everything is not always  
 BLACK AND WHITE*

*Go "Back to the Future" and  
 "Move Ahead of Time"  
 View futuristic stations and see  
 exactly what lies ahead for you.*


**Keynote Speakers Maritech 2004**

Monday, November 22	Ethics In Health Care	Dr. Nulla Kenny Dalhousie University Halifax, NS
Tuesday, November 23	Advances in Stem Cell Research - An Ethical Dilemma?	Dr. Francoise Baylis Dalhousie University Halifax, NS
Tuesday, November 23	CSMLS Today	Mr. Kurt Davis CSMLS Hamilton, ON
Wednesday, November 24	Healing Hands In Haiti	Dr. Colleen O'Connell Stan Cassidy Center for Rehabilitation Fredericton, NB
Wednesday, November 24	Motivational	Pending confirmation

*Maritech 2004  
 C/o NSCMLT  
 Professional Center  
 Halifax, NS  
 B3H 4R7*



MARITECH Nov 22-24, 2004 PRELIMINARY SCIENTIFIC PROGRAM AT A GLANCE – confirmed topics to date

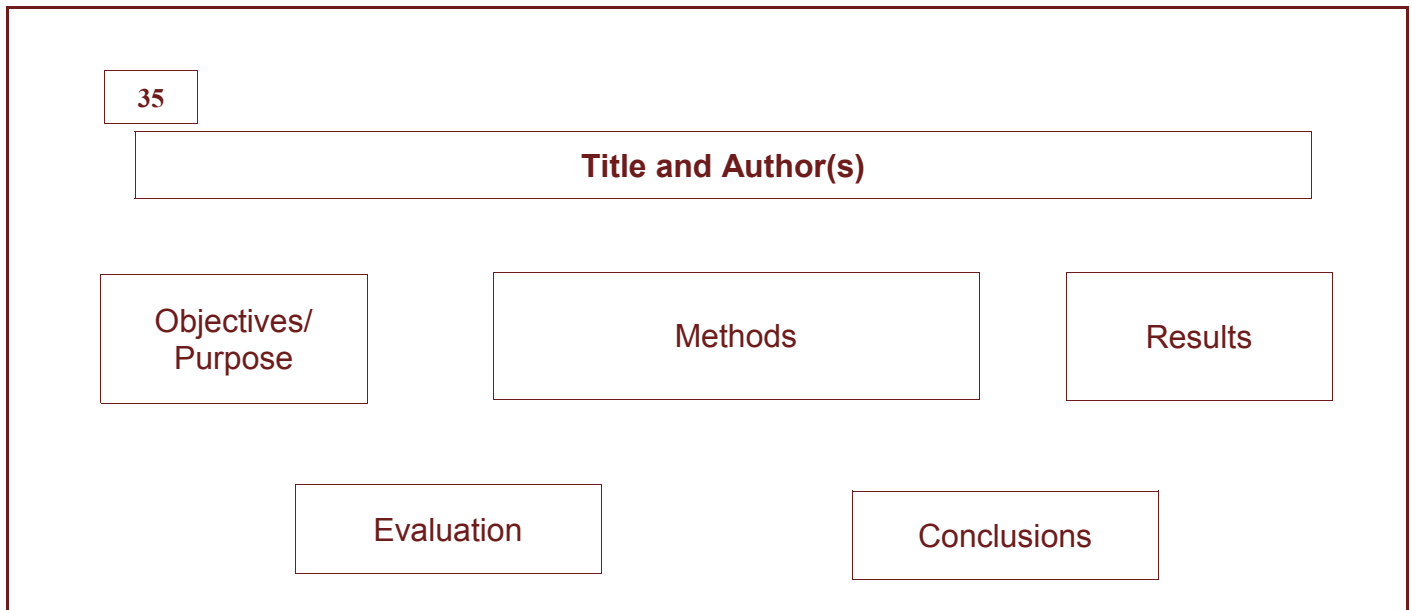
ANATOMICAL PATHOLOGY	BIOCHEMISTRY	CYTOPATHOLOGY	HEMATOLOGY	MICROBIOLOGY	MICROBIOLOGY
<p>"Current Trends and Issues in Anatomical Pathology" Dr. Marnie Woods</p> <p>"Forensic Anthropology" Dr. Moira MacLaughlin</p> <p>"Forensic Science Pertaining to Pathology" Dr. Vernon Bowes</p> <p>"Advances in GI Pathology" Dr. Heidi Sapp</p> <p>"Critical Pathology of the Central Nervous System" Dr. Rob MacAully</p> <p>"A Study of Routine Fixatives Compared to Tissuefix and Neutral Formaldehyde for the Histopathology Lab" Mr. Brian Hewlett</p> <p>"The Role of the Pathology Assistant in Anatomical Pathology" Ms Alma Cameron and Ms Lynn Archibald</p> <p>"Gynecological Pathology" Dr. Shawn Murray</p> <p>"Dealing with Infectious Diseases from a Pathologic Perspective" Dr. Lynn Johnson</p>	<p>"Folate and Vitamin B<sub>12</sub> Status Testing After Folic Acid Fortification: Is There Need for Change?" Dr. Edward Randell</p> <p>"Clinical Applications and Controversies of PSA Testing" Dr. Ricardo Rendon</p> <p>"Laboratory Support for the Neonatal Intensive Care Unit" Dr. Kent Dooley</p> <p>"Hemoglobin A<sub>1</sub>C Testing" Dr. Joanne Cadeau</p> <p>"Tanden Mass Spectrometry for Transplant Drugs" Dr. Albert Fraser</p> <p>"Laboratory Utilization Management in a District Health Authority for Chemistry" Dr. Roland Yung</p> <p>"Utility of B-Type Natriuretic Peptide (BNP) a Diagnostic Aid in the Emergency Department" Ms. Danielle Slippy</p> <p>"Accreditation in Environmental and Clinical Chemistry" Ms. Kyna MacVicar</p>	<p>"Cytopathology of the Salivary Gland" Dr. Martin Bullock</p> <p>"Interesting &amp; Tough Cases in Cytopathology – Panel Discussion" Dr. Avi Ostry</p> <p>"The Future of Cervical Screening in Nova Scotia" Dr. Rob Grimshaw</p> <p>"GI Cytology" Dr. Rebecca MacIntosh</p> <p>"QA Guidelines, Updates on GCSP" Ms Margery MacIsaac</p> <p>"Breast Lesions in Cytology" Dr. Penny Barnes</p> <p>"Urinary Cytopathology" Dr. Laurette Geldenhuys</p>	<p>"HbA1c Monitoring" Mr. Trefor Higgins</p> <p>"ALL and Morphology" Dr. R. Juskevicius</p> <p>"Flow Cytometry" Dr. Irene Sadek</p> <p>"Platelet Function Analyzer (PFA-100)" Ms. Janet Milne</p> <p>"Molecular Biology" Dr. Wendy Greer</p> <p>"Bone Marrow Transplant Program in Nova Scotia" Dr. S. Couban</p>	<p>"Current Topics in Pediatric Microbiology" Dr. Tim Mailman</p> <p>"Are We Ready for Emerging Infectious Diseases?" Dr. Joanne Langley</p> <p><i>Helicobacter pylori</i>: "A Review of Resistance and Susceptibility Methodologies" Ms Linda Best Ms Geraldine Cooper-Lesins</p> <p>"Sexually Transmitted Diseases" Dr. David Haldane</p> <p>"Laboratory Bioterrorism Preparedness" Ms. Judy Arbique</p> <p>"VRE, MRSA and Beyond" Dr. Kevin Forward</p> <p>"Respiratory Viruses" Ms. Debbie Anthony</p> <p>"Yeast Identification" Ms. Cheryl Brine</p> <p>"EPA 1623 Water Testing for Giardia &amp; Cryptosporidium" Ms. Gina Pelham Ms. Lynn Amiro</p> <p>"Laboratory Acquired Infection and Infectious Dose" Ms. Gail Drisdelle</p>	<p>"Forensic Parasitology: When Parasites Turn Bad" Dr. David Cone Ms. Rosemary Drisdelle</p> <p>"TB Past &amp; Present" Ms. Carol Pelton</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>TRANSFUSION MEDICINE</b></p> </div> <p>"Hospital Customer Service Strategies" Ms. Wendy Turner</p> <p>"Blood Safety Initiatives" Ms. Sue Smith</p> <p>"Current Trends –West Nile Virus" Ms. Maureen Baikie</p> <p>"Clinical Safety in Health Care" Dr. Patrick Crosskerry</p>
			<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>MANAGEMENT</b></p> </div> <p>"Recruiting Medical Laboratory Technologists to Nova Scotia" Ms. Mary Godwin</p> <p>"Laboratory Information Systems to Support Business Planning and Operational or Strategic Decision Making" Mr. Bryan Crocker</p>		

# Maritech 2004 Poster Presentations

## To Prepare Your Poster

1. Create a sign for the top of the board with your poster title, author(s) and affiliation name. Suggested size for poster is 3' x 6'. Posters may be formatted in sections and placed on display board in 3' x 6' format. Sign lettering should not be less than 1" high (approximately 30–36 points).
2. Prepare a written summary of your project. One suggestion to organize a poster display is as follows:
  - a. **Objective(s)/Purpose** of the study, project or activity
  - b. **Methods** used conducting the study, project or activity
  - c. **Results** of the study, project or activity
  - d. **Conclusion(s)/Evaluation** of the study, project or activity

Suggested Arrangement for a Poster Display



3. Viewers should be able to understand your poster without listening to an explanation or reading a report. To improve readability of your poster, consider the following
  - a. **Text** Use a minimal amount of text. Focus on 2 or 3 main points. Use one-line phrases with bullets to highlight key points rather than full sentences. Break up large amounts of text with indented paragraphs and subheadings.
  - b. **Type** Use large lettering, at least 3/8" high (approximately 24–30 points), but do not use all upper case letters. Simple, easy-to-read fonts, such as Arial, work best. If text is not legible from three to five feet away, the print is too small.
  - c. **Graphics** Use basic charts, graphs, tables, clip art, drawings, symbols, color print and photos to illustrate key points.

# Maritech 2004 Poster Presentations

## Schedule and Format of Poster Session

### 1. Poster Authors

Only approved authors, for poster presentation, by the scientific committee can display posters at the conference. At least one author, *but not more than two*, is required to be standing at the poster display during the poster session.

### 2. Format

§ Informal, "no lecture" format. It is not necessary to prepare a formal presentation—just be prepared to discuss any aspect of your paper on a one-to-one basis and to network with attendees.

§ Plan to be available at your display to talk with conference attendees from \_\_\_\_\_ am, \_\_\_\_\_, November \_\_\_\_, 2004. Posters can remain standing for viewing until \_\_\_\_\_ pm.

### 3. Poster Set-Up/Removal

§ Set-up time is scheduled \_\_\_\_\_, \_\_\_\_\_, November \_\_\_\_, 2004. All materials must be set-up before the start of the session at \_\_\_\_\_ am.

§ Posters must be removed by \_\_\_\_\_ pm on Wednesday, November 24, 2004. Any materials left after this time will be discarded.

### 4. Length of Session

Posters must be displayed during the entire poster session with at least one author, but not more than two, available at the poster at all times. Authors are welcome to remain with their posters after the session, but it is not required.

### 5. Poster Tone

Displays must be content-related and reflect a scientific, unbiased, non-commercial tone. Authors should not distribute promotional materials.

## **POSTER AWARDS** Six (6)

Posters will be judged in two (2) categories.

### **Certified Medical Laboratory Technologists**

1<sup>st</sup> prize      \$300

2<sup>nd</sup> prize      \$200

3<sup>rd</sup> prize      \$100

### **Student Technologists**

1<sup>st</sup> prize      \$300

2<sup>nd</sup> prize      \$200

3<sup>rd</sup> prize      \$100

**Deadline** for submissions is October 29, 2004.

Poster presentations presented to:

Mr. Michael Pronk  
Room 668, Bethune building, VG Site  
QE II Health Sciences Centre  
1278 Tower Rd, Halifax, Nova Scotia  
B3H 2Y9

# Promoting Congress 2005 in Saskatoon



Scientific Chair Anne Robinson manning the booth!

Congress 2005 Committee members:  
Susan Atkinson, Anne Robinson, Bernadette Muise, Charlene Collins, Colleen Moran, Coral MacRae, Randi Hayes NBSMLT President Elect, Suzanne MacFadden, Marty White, Jim Sloan





## Graduating students... Way to go...



At the graduation ceremony at NBCCSJ; Bernadette Muise, President; on behalf of the NBSMLT; presented the award for general proficiency in Medical Laboratory Technology to **Nicole Doucet**. Nicole is employed at the Southeast Regional Health Authority in Moncton.

At the award ceremony at the Georges L Dumont Hospital, Germaine Savoie Area Director for the North Shore, presented two awards. LE PRIX D'EXCELLENCE ACADEMIQUE, which was given to the student who has maintained the highest marks during the 2 years of the program. The award was given to **Tanya Dupuis**.

The second award was LE PRIX D'EXCELLENCE CLINIQUE, which was given to the student who has excelled in the practice part (clinical training) of the course. For this award, the technologists in the laboratory who are responsible for the clinical training, were asked to give their opinions and criteria were established. This year there were 2 students with equal competency. The award was given to **Tanya Dupuis** and **Sonia Daigle**.

These three awards are all donated by the NBSMLT.

### **Congratulations to:**

**Julia Kirallah, who recently passed her CSMLS certification exam. She is employed at the laboratory in Bathurst.**

### **APSC Gallery**



Latenight Songfest



Coral MacRae  
Mexican  
Fiesta !

Christianne  
Laviolette  
APSC 2004  
Dalhousie



Janet Reid  
Past President  
Gavel



**Attention: All Retired NBSMLT Members**  
**A l'attention de tous les membres de l'ATLMNB à la retraite**

Memo From The Registrar Janet Kingston  
Note de Janet Kingston, registraire

To retain membership in the Society, please complete the following and return to the Registrar. Cost of membership is \$30.00 for retired members starting in the year 2000. You will receive applicable publications and correspondence. Please note: members must contact CSMLS *directly* to obtain CSMLS Retired membership.

Afin de conserver votre statut de membre de l'Association, veuillez remplir le formulaire ci-dessous, puis le retourner au registraire. Le prix d'adhésion à l'Association est de \$30. pour les membres retraités. Vous recevrez ainsi, les publications et la correspondance appropriées. S.V.P. veuillez noter que les membres retraités doivent contacter SCSLM directement afin d'obtenir le statut de membre à la retraite de la SCSLM.

CSMLS ID# / No. de membre \_\_\_\_\_  
Name / Nom \_\_\_\_\_  
Address / Adresse \_\_\_\_\_  
City / Ville \_\_\_\_\_  
Postal Code / Code postal \_\_\_\_\_  
Date of Retirement / Date de prise de retraite \_\_\_\_\_  
Telephone number / Numéro de téléphone \_\_\_\_\_

Please Mail To / Veuillez retourner à l'adresse suivante:  
Janet Kingston, Registrar PO Box 20180, Fredericton, NB E3B 7A2

**Notification of Address / Employment Change**  
**Avertissement de Changement D'Adresse / Emploi**

Please note that all changes must be made with **BOTH** the NBSMLT and CSMLS.  
Attention: Vous devez aviser l'ATLMNB et le SCSLM séparément de tous vos changements

Name /Nom \_\_\_\_\_  
Old Address / Ancienne adresse \_\_\_\_\_  
New Address / Nouvelle adresse \_\_\_\_\_  
Previous place of employment / Ancien lieu d'emploi \_\_\_\_\_  
Present place of employment / nouveau lieu d'emploi \_\_\_\_\_  
Discipline / Discipline \_\_\_\_\_

Please Mail To / Veuillez retourner à:  
Janet Kingston, NBSMLT, PO Box 20180, Fredericton, NB E3B 7A2

## Election Information 2004

The time is here once again for the nomination of President Elect for the New Brunswick Society of Medical Laboratory Technologists.

The Nomination Committee requests that you put forward names of NBSMLT members to stand for this important position. It is an opportunity for you to nominate technologists with a vision for the future, an individual who will be able to direct the Society's affairs in these interesting and challenging times.

Please forward all nominations to the Society's office on or before Sept 15, 2004.

## Nomination Information

### **Term of Office**

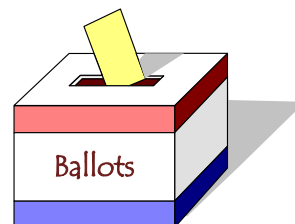
In order to comply with the 1991 Medical Laboratory Technologists Act, an annual election will be held by the Society for the office of President Elect. This will be a three year term: the first year (2005) the technologist will serve as President Elect, the second year (2006) he/she will become President of the Society and the third year (2007) this individual will serve as Past President.

### **Board Members**

The other members of the Board will consist of the six Area Directors, elected by their respective academies. There will also be a lay representative, appointed by the government, serving on the Board.

### **Service and Goals**

In order to provide the membership with background information regarding the candidates' present and past service in Society matters, a summary must be provided of his/her professional activities. A statement regarding goals as President Elect of the New Brunswick Society of Medical Laboratory Technologists should also be included. This information shall accompany the instructions sent with the ballot to each member.



## Nomination Form

### Election of President Elect

In order to comply with the 1991 Medical Laboratory Technology Act, the membership are to elect a technologist to the position of President elect each year. The term of office will be for three years, progressing from President Elect, to President, and the final year, Past President.

I \_\_\_\_\_ allow my name to stand for the position of President Elect of the New Brunswick Society of Medical Laboratory Technologists.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Nominated by \_\_\_\_\_

Seconded by \_\_\_\_\_

