



MLT Analyzer

Bulletin of the New Brunswick Society Of Medical Laboratory Technologists

July August September
Volume 37 Issue 3
2006

Contents:

President's Message

* Coral MacRae

Executive Director/Registrar

* Janelle Bourgeois Whitlock

Listeria monocytogenes

* Margaret Swift ART

Editor's Message

* Bernadette Muise

Open Letter to the Members

* Jim Sloan

Congratulations New Grads

Dragon Boat Festival

* Claire McWilliam

Maritech Program

Registration Form

October 26-28

President's Message

As the busy fall season approaches, I find myself feeling a little sad. Not only because the fun summer weather is coming to an end once again, but more importantly, because of a rare transition occurring within our Society.

Janet Kingston, Executive Director/Registrar since 1996, will retire from her duties with the NBSMLT on August 31st.

More than you can possibly know, the NBSMLT has been truly fortunate to have been touched by Janet. Although her role as Executive Director/Registrar has dictated that she be very involved in Society affairs, she has been a person that most technologists in the province seldom have the opportunity to meet. I think I can safely speak for most of those who have held a position on the Board of Directors over the past ten years, that Janet has been the one constant resource person we have come to rely upon for guidance on many issues pertaining to our Society and profession. As a medical laboratory technologist, who later earned her Business Administration degree, Janet has always had a keen sense of where our Society should be heading in the grand scheme of things. Various good qualities such as her inherent ability to listen, and that shy boldness in her imagination, have allowed her to be so very instrumental in the growth of the NBSMLT.

Plainly stated, Janet Kingston has more than fulfilled our expectations in her role as Executive Director/Registrar. We owe her many thanks for her dedication and hard work, and wish her a very happy retirement.

Until next time,
Coral

*One thing you can't recycle is
wasted time.*

Please Note Change:

NBSMLT Office
Janelle Bourgeois Whitlock
Executive Director
P.O. Box 1812
Moncton, N.B.
E1C 9X6

Ph: (506) 455-9540
Fax: (506) 455-7491

e-mail: oncopier@nbnet.nb.ca
and now visit us on the web at:
<http://www.nbsmlt.nb.ca>

NBSMLT Executive Director/Registrar

Janelle Bourgeois Whitlock



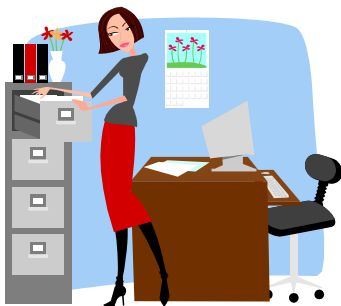
It is with great pleasure and enthusiasm that I accepted the position of Executive Director and Registrar of the NBSMLT.

I would like to present myself. I obtained my diploma in medical laboratory technology from NBCC Saint John in 1999. That same year, I began my career as a medical laboratory technologist in Clinical Chemistry at Dr. Georges-L - Dumont Hospital in Moncton. In 2003, I left the laboratory to further my education by completing my Bachelor's degree in Medical Laboratory Science at Université de Moncton. My professional career was put on hold when I took some time off to spend with my son Émile, who will soon be two years old. I live in Moncton and I am still enrolled as a part-time student at Université de Moncton. I will obtain my Bachelor's degree next year. I have also been working as a part-time Administrative Director for a Professional Corporation since 2002. This position is what made me realize that I wanted to pursue my career in an administrative direction. In fact, after completion of my degree, I intend to obtain a Masters in Business Administration (MBA).

The Executive Director and Registrar position joins both my professional interests: medical laboratory technology and administration. Our profession is one that is in constant perpetual motion. With the help of the Board of Administration and you, the NBSMLT members, I will certainly be able to overcome the many challenges that our regulatory body will have to face in the near future. Lastly, I want to congratulate Ms. Janet Kingston for the excellent work that she has accomplished, as well as her devotion to the organization for the last ten years.

Sincerely,
Janelle Bourgeois Whitlock

Editor's comment:



I would like to express my sincerest wish that Janet Kingston enjoy a pleasant retirement, she has been of immeasurable help to me in my role as Editor of the newsletter these past few years. Janet has always put the interest of the NBSMLT first and she will be missed. I also want to take this opportunity to welcome Janelle Bourgeois Whitlock to her new role as Registrar and I look forward to working with her in the months to come.

Deadline for submission for last issue 2006: November 3, 2006

**Send Submissions to: Bernadette Muise
Transfusion Medicine
The Moncton Hospital
135 Macbeath Ave,
Moncton, NB E1C 6Z8
Email: analyzer@nbnet.nb.ca**

Listeria monocytogenes – facts and fancy

(Tiger River Station to Tennis Court Road and the House of Hanover)

Margaret Swift, ART, Microbiology SERHA

As a long-time microbiology technologist, I know that my work has helped many people. However, just recently, it was nice to actually meet someone (Jennifer, MLT Class 2006) who may not have survived the first few days of life had it not been for the work done by me and my fellow technologists working in the IWK Microbiology lab some 25 years ago.

This is the story of the first reported outbreak of Listeriosis in humans directly connected to the consumption of contaminated food. **Listeria monocytogenes** is a gram positive rod that grows well on blood agar often looking like Group B streptococcus. It is motile at 22^oC and will survive and grow at 4^oC; this latter characteristic is important to remember when preparing and storing items of food. Clinically, the organism causes a variety of infections in all age groups, but more predominantly in the extremes of life. In this instance, the most common form of the illness was seen in pregnant women with amnionitis resulting in infection of the foetus with a high fetal mortality rate.

Prior to this incident the Microbiology Lab, IWK Children's Hospital, would find on average one isolate of **Listeria monocytogenes** each year. In April 1981 we isolated the organism from 3 patients; this concerned us, but when another 2 isolates were found in May, we became very suspicious and asked Public Health to look into the patients to find if there was any connection. At first it was hard to convince anyone outside of the laboratory that there was a problem but ultimately it was the obstetricians who got the ball rolling since a high proportion of the isolates that we found resulted in fetal death. Task groups were set-up, with two main priorities, the first to gather information to see if there were any connections between the patients, and the second was to prepare information for physicians and eventually the public. I was on the main task group bringing daily updates on lab findings. With the numbers of isolates increasing, information was sent to physicians and the public, warning pregnant women with "flu-like" illness to contact their physician who would take a blood culture and prescribe antibiotics. It was these news stories that prompted the staff in the maternity unit in PEI to wonder if Baby Jennifer was perhaps one of these "Listeria Babies". She was flown to the IWK in Halifax where, following diagnosis and appropriate treatment, she made a complete recovery.

Ultimately many people and institutions became involved in the problem. The Path Lab (QEII) did all the food and environmental cultures; our lab screened all pregnant women and the Center for Disease Control, Atlanta, sent one of their field epidemiologists to help Public Health with the investigation (he fell in love with Halifax and after completion of his training moved to Halifax with his family where he is still working as an Infectious Disease Physician). The break-through came when an elderly man was admitted to the Halifax Infirmary with aspiration pneumonia, his blood cultures yielded **Listeria monocytogenes**. His home – especially the refrigerator, since items of food were coming under suspicion, was raided by the epidemiologist and from the cultures taken, coleslaw was implicated as the source of the outbreak. Much work was done checking the source of the vegetables, where the product was prepared, stored, etc. The major culprit was found to be cabbage grown organically using sheep manure.

Subsequent to this outbreak many others have been reported connected to food items – usually those kept refrigerated and not heated prior to serving, e.g., cheeses, pate, etc. As a result of this,

(Continued on page 4)

Listeria monocytogenes – facts and fancy

(Tiger River Station to Tennis Court Road and the House of Hanover)

Margaret Swift, ART, Microbiology SERHA

(Continued from page 3)

and other outbreaks, the food industry has implemented many additional QA/QC checks to ensure the safety of the food supply.

The first scientific paper reporting this organism was published in 1926 by Murray, Webb and Swann. They noted that in their laboratory on Tennis Court Road, Cambridge they had some sick rabbits and guinea pigs. On investigation they isolated the causative agent which they named **Bacterium monocytogenes** (the name derived from the fact that the animals developed a monocytosis when infected with the organism). Dr. Murray subsequently immigrated to Canada where he became professor of Microbiology at McGill and his son Dr. R.G.E. Murray was long time professor of Microbiology in London, Ontario. Around the same time, Dr. Pirie was in South Africa looking for reservoirs for cases of human plague. It was said that “barrow loads” of dead gerbils could be collected and most would be found to have died of plague. In August 1925, a rodent officer sent Dr. Pirie a dead gerbil collected near Tiger River station in the Orange Free State. Pirie isolated an organism from this and other wild rodents which he subsequently named **Listerella hepatolytica** (Listerella in honour of Lord Lister and hepatolytica because the organism caused liver necrosis). The cultures were submitted to the National Collection of Type Cultures, in London where a similarity was noted between the two isolates. Following exchange of cultures between the laboratories, it was concluded that they were in fact the same organism and the names were combined to **Listerella monocytogenes**. When it was later discovered the **Listerella** had already been used for some protozoa the genus name was changed to **Listeria**.



Now let us move onto the fancy! The medical problems of the English royal family have intrigued physicians and historians for many years. From the madness of King George III (the suspicion is that he suffered from porphyria) to Queen Victoria’s transmission of haemophilia to her descendents in the royal families in Russia, Prussia and Spain have all given rise to speculation as to their effect on history. Based on the still controversial assumption that the carriage of **Listeria** in the female genital tract may give rise to repeated abortions, its effect on the British monarchy was very significant.

James II was deposed in the revolution of 1689 because he had converted to Catholicism. James had two children, Mary and Anne, both of whom remained staunch members of the Church of England. The eldest daughter Mary was made joint sovereign with her husband (& first cousin) William of Orange. In 1702, William and Mary died without heirs and Anne, who was married to Prince George of Denmark, became Queen – she was to be the last English monarch from the House of Stuart.

Queen Anne’s obstetrical history seems to have been well documented. She had a total of 18 pregnancies, 13 of which ended in miscarriage or stillbirth. Of the 5 living children, 4 died before reaching the age of 2 years. According to the medical historians the unfortunate results of her pregnancies are consistent with listeriosis in four of its’ manifestations:

(Continued on page 5)

Listeria monocytogenes – facts and fancy

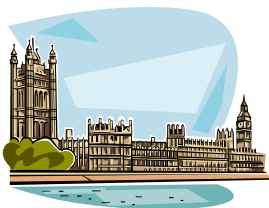
(Tiger River Station to Tennis Court Road and the House of Hanover)

Margaret Swift, ART, Microbiology SERHA

(Continued from page 4)

habitual abortions
stillbirth
neonatal death
postnatal meningitis with residual hydrocephalus

The fourth manifestation coincides well with the descriptions left in the diaries of the man servant who cared for Anne's son, William, Duke of Gloucester. William was a sickly child who was sent to live outside of London where the air was believed to be better. He lived until just after his 11th birthday in July 1700 and the post mortem revealed that he had suffered from hydrocephalus.



To ensure that the throne would not pass to a Catholic heir, following the death of Prince William, parliament passed the Act of Settlement in 1701. This act proclaimed that should Anne produce no heir, the throne would go to Sophia, Electress of Hanover; as granddaughter of James 1, she was the closest protestant relative of the English monarchy. When Anne died in 1714, a few weeks after Sophia, it was Sophia's son Elector Georg Ludwig of Hanover who became George 1 of Great Britain. He was first monarch in the line of the House of Hanover (changed to Windsor in war-time Britain) from whom the current Queen is directly descended.

In Queen Anne's reign a two party (Whigs and Tories) parliament system had been developing and with the accession of George 1, who spoke very little English and preferred to spend part of his year in Germany, parliament assumed much more power. It is during his time that the modern system of government by cabinet started and the office of prime minister came into being. From 1721 the *de facto* ruler of the country became Sir Robert Walpole a Whig politician, who chaired the Cabinet meetings and is considered to be the first Prime Minister of England. Although subsequent monarchs tried to regain control of the personal power of the monarch they did not succeed.

Had it not been for the chronic *Listeria* infection resulting in the failure of Anne to produce an heir one wonders how much longer it would have taken the parliamentary system to develop?

(References available on request.)

Don't Forget!!

Fredericton and River Valley Health are the proud hosts for
The 2nd Conference of Autoantibody Network
Sept 21 – 22, 2006

Autoimmune Diagnostics
"Scanning the Past and Illuminating the Future"

Crowne Plaza Fredericton Lord Beaverbrook
659 Queen Street, Fredericton, NB 1-506-455-3371 or toll free 1-866-444-1946
www.crowneplaza.com/fredericton

Editor's Note:

Due to the degree of concern expressed by many members of the NBSMLT regarding the latest contract; the following open letter to the medical laboratory technologists in this province was accepted for publication. This letter is intended to stimulate discussion among members of the NBSMLT and perhaps serve as a call to action.

The opinions expressed in the following letter do not necessarily reflect the opinion of the NBSMLT nor does the NBSMLT wish to take a stand on the issue.

The NBSMLT is the regulatory body for MLTs in the province. The NBSMLT is **not** in any way responsible for union issues. The mandate of the NBSMLT is to protect the public by ensuring that only licenced technologists perform laboratory testing in NB.

A secondary role of the NBSMLT is to educate the public about who we are and what we do. In order for MLTs to get the monetary recognition they feel they deserve, they must be active in promoting the profession. There are many ways to promote the profession of medical laboratory technology.

The NBSMLT has served a dual role as the regulatory and advocacy body for technologists. In some other provinces, these roles have been split, requiring membership in the regulatory body to be licensed to work; while membership in the advocacy body is optional. In these instances, fees often double. The submitting author advocates increased interest and involvement with the union; while this avenue may solve some of the issues, it will not solve them all. Increased involvement in the NBSMLT will also be required by members if we are to be recognized by the public and our government as essential to the smooth functioning of the health care system.

An Open letter to Our Union and the Membership Regarding Our Contract.

Dear Union :

I was so appalled at the results of our recent contract negotiations on so many levels, that I felt compelled, with support and encouragement from my co-workers, to express my concerns through this letter.

First of all, I know our Negotiating team is mostly people like me with little or no negotiation training, working for the provincial government, and negotiating many hours on their own time, away from family. I appreciate their efforts and in no way direct this letter to anyone personally.

That being said, as a trained Medical Laboratory Technologist (MLT), I feel at the very least disappointed and even betrayed by this contract.

Let me just review a few of the basic negotiating tactics the government used to have their way with us.

1. Big Picture: This negotiating tactic shows us what appears to be a large sum of money for our

(Continued on page 7)

An Open letter to Our Union and the Membership Regarding Our Contract.

(Continued from page 6)

contract. The problem is we are used to 3 or 4 year contracts at the most. This amount would equal 12.6% over 3 years or 16.8% over four years. I'm sure fewer members would vote for a contract that low, yet if we are presented with 21% over 5 years, all of a sudden it's more attractive. I'm not even sure this will keep us current with cost of living increases. And please don't try to tell me that it's 23% compounded. This is a government tactic and simple arithmetic tells me differently.

2. Higher authority: This negotiating tactic is used to make us believe that no decision can be made unless a higher authority is called to make the decision. In this case they "had to call the premier", even though he wasn't even in the province, just to scrape and claw an extra 1/2% "in our favour". This same tactic is used when you buy a car. The salesman can never make a decision without asking the sales manager (higher authority) and it's always a big deal, and he's always fighting in your favour.

3. Divide and conquer: Always a favourite, this tactic is habitually used by governments, most effectively with unions like ours, with many differing groups in one negotiating team. In this case, they offered Nuclear Medicine, Respiratory and MRI techs a 3% bonus, which was accepted. To me, as a Laboratory Technologist, this was a slap in the face. The work these people do is vital and important, but I feel my work is just as important as theirs. The reason? Recruitment and retention was originally given as the reason, but then quickly switched to bringing these groups up to the same level as their Atlantic counterparts. Well we went into these negotiations as the lowest paid Medical Laboratory Technologists in Canada, and I'm sure that's where we'll be at the end of this contract. Recruitment and retention? By the end of this contract, 50% of Medical Laboratory Technologists in this hospital will either be retired or eligible for retirement. We are not training enough MLTs to replace them, and for the few who do graduate, do you expect them to aspire to being the lowest paid lab tech in the country? I think they will go to provinces like Ontario and Alberta where Medical Laboratory Technologists make \$20,000.00 more each year. Big picture? Over a 30 year career that's \$600,000, but compounded becomes closer to \$1,000,000.

These are only a few of the tactics we were told about, but I'm sure the highly skilled government negotiators used many more.

We have also heard reports from Saint John, Fredericton and Bathurst that during the presentation of the contract, they asked and were told that the rest of the province is happy with the contract. This is appalling and unacceptable. These people were obviously not happy with the numbers, and looking for leadership, but instead were misled into the false belief that all others in the province were happy. Very poor representation by our union. If anyone was on the fence, the provincial tour would have swayed them into accepting this atrocious contract.

Communications during negotiations were non-existent. This is the worst example of keeping the membership informed I have ever seen. We heard virtually nothing until we were presented with, first of all a strike vote, and then the final contract offer. We had no time to discuss it among ourselves, and no union officials toured the province to hear our concerns.

Medical Laboratory Technologists make up 648 of the 1400 people in this union, yet our representation on the negotiating team was only 1 MLT, negotiating for the first time, with little or no training. She sat across the table from professional government negotiators, and on the same side as repre-

(Continued on page 8)

An Open letter to Our Union and the Membership Regarding Our Contract.

(Continued from page 7)

representatives from much smaller groups, all of whom were representing the interests of their colleagues.

I don't complain unless I have a solution. My solution is to get more MLT's on the negotiating team. We have let the union "take care of us" as passive observers for far too long. We want representation reflecting our numbers on the negotiating team. I encourage all MLTs to get involved by going to the AGM and electing MLTs to the negotiating team. I offer myself as a candidate, and hope that many more will do the same. If you are interested, or know someone who is, please e-mail me at jasloan@serha.ca or call 857-5309

Sincerely,
Jim Sloan MLT, RT
Microbiology Dept. SERHA
Moncton, N.B



Here is a list of successful candidates for the CSMLS certification exams held in June 2006.

Congratulations...

and welcome to our profession

Upon graduation from the « Programme de Techniques de laboratoire médical » (CCNB/UdeM) the award for academic achievement was presented to **Janie St-Onge** and the award for clinical training was presented to **Stephanie Lanteigne**.

The graduation award at NBCC-Saint John was presented to **Chelsey Fleming**.

Isabelle Babin
Sheri Brooks
Tanya Chestnut
Denis Comeau
Melanie Couturier
Jennifer Enman
Chelsey Fleming
Shanna Gallant
Kelly Halstall
Frederick Jennings
Erica Kittilsen

Stephanie Lanteigne
Cory Mallory
Mireille Rioux
Jenna Robichaud
Marie-France Robichaud
M Remi Sohier
Janie St-Onge
Jennifer Stevenson

Adam Dorcas
(Diagnostic Cytology)

The Greater Moncton Dragon Boat Festival

Claire McWilliam

The Greater Moncton Dragon Boat Festival was held on June 9-11, 2006 at Jones Lake. The Moncton Hospital Laboratory and friends team "Blackbeard"; was comprised of Helen Christopher (Team Captain) Sasha Wright (Drummer) Claire McWilliam (Pledge Coordinator) Kathy McNeary, Kelly Steele, Kelly Soucie, Nicole Caldwell, Anne Robinson, Nancy Flanagan, Sandra Boyd, Debbie MacDonald, Cindy Simms, Melissa King, Caroline Allard, Angela Mundle, Verna Poirier, Tracey Osmond, Vicki Metzler, Monique McIntyre, Nancy Reading, Magda Kuhn, Grant Ramsay, Kim MacPherson, John Christopher and volunteers Kathy Calhoun, Kathy LeBlanc, Martha MacPherson.

The Festival was based at Hillcrest School grounds with the registration, first aid, and carnival and food vendors on site. High school teams participated on Friday evening. Breast cancer survivor teams competed on Saturday and Sunday, while corporate and community teams competed in their own category.

We were happy to make the consolation finals and finished fifth overall. We plan to participate again next year. A total of \$40,000.00 was raised by all teams for the Lions Sick Children's Fund, with each team directing 40% of their funds to charity of their choice. The Laboratory team raised \$1,541.70 for the Lions Sick Children's Fund and \$1,027.80 was directed to The Friends of The Moncton Hospital Healthy Returns Capital Campaign. This was a very rewarding team building event and everyone had a great time.

We are very grateful to our sponsors - Beckman Coulter; Precision Biologic; Bayer; Emerco; and Clark Drummie.

Thank you to all our supporters for a job well done!



Maritech 2006 Thursday Oct 26

8:00-8:45	Registration					
8:45-10:30	Opening Ceremonies: Keynote Address by Moira McLaughlin- 2 case studies : How forensic artists and forensic anthropologists work together.					
10:30-11:00	Nutritional break					
	Chemistry	Micro	General/Management	Hematology	Transfusion Med	Cyto
11:00-12:00	TBA	Rosalie Love Today's Super Bugs	Dr. Paul Sohi The lab and Renal Disease	Michelle Hendry Sponsored by Beckman Bleeding disorders of Women	Joan McLeod sponsored by Ortho Delayed Transfusion reactions. Hemolytic vs. Serologic.	Atrei Mukerji and Troy Norton HPV testing and anal brushing Cytology on MSM
12:00-13:00	Lunch					
13:00-14:00	TBA	Margaret Swift Bioterrorism: Are we Prepared?	Tim Cameron The Power of Story Telling	Monique Levesque King (bilingual) Blood/Marrow Transplant in Hematological Malignancies	Arlene Moore Plasmapheresis	Dr. Ken Obenson Hematological Malignancies by FNA
14:00-15:00	Marjorie Mullen Methadone Clinic: An Overview	Dr. Richard Garceau (bilingual) CMV: Disease and Lab Diagnosis	Krisan Palmer and Lianne Crich What is Telehealth? Some examples of suitable Telehealth solutions.	Dr. Heseltine Sponsored by Beckman The use of BCI anemia markers to reduce EPO & other expensive therapies	Ortho Workshop: Catch the Wave: Stress free Blood Banking with Automation.	Workshop: Mike McGuire Lab Safety for Accreditation Workshop: at SJRH (15 people) Dr. Dan Fontaine FNA Head and Neck
15:00-15:30	Nutritional break					
15:30-16:30	Dr. Ihssan Bouhtiauy (bilingual) Cardiac Markers update/BNP	TBA	Maryann Quesnel sponsored by Roche (bilingual) Real time PCR technology	Dr. Flick Multiple Myeloma In the Maritimes.	Ortho Workshop continued: Catch the Wave: Stress free Blood Banking with Automation.	Workshop continued: Dr. Dan Fontaine FNA Head and Neck

Maritech 2006 Friday Oct 27

8:00-8:30	Registration			
8:30-10:00	Plenary Session: Todd Hatchett from Birds to Man: Avian Influenza and its Pandemic Potential sponsored by Abbott			
10:00-10:30	Nutritional break			
	Chemistry	Micro	General	Hematology
10:30-11:30	Dr. Ihssan Bouhtiauy (bilingual) Drugs of Abuse	Vivian Carson Laboratory Services on the Right Arm of Public Health	Sheila Woodcock Sponsored by Ortho Laboratory Accreditation. Are you ready?	Shirley Chase Interesting cases in Flow cytometry.
11:30- 12:45	Lunch			
12:45-13:45	Plenary Session: Dr. D.H. Lalonde - Volunteer Plastic Surgery in 15 countries- share the adventure.			
14:00-15:00	Dr. Frank Sanderson Maternal Serum Screening	Workshop: Dr. Marc Desjardin Sponsored by Med-OX Antimicrobial Resistance: Our Challenge as Laboratorians.	Mary Gaten Eye and Tissue Banking in the new Millennium	Dr. Phillip Welch Fragile X – an intriguing multi faceted disorder
15:00-15:30	Nutritional break			
15:30-16:30	Margaret M. Kayser Chemistry behind drugs: Taxol analogues	Workshop continued: Dr. Marc Desjardin Antimicrobial Resistance: Our Challenge as Laboratorians.	Francine Borage (bilingual) Tertiary cardiac care in N.B. The N.B. Heart Care Experience	Dorothy Harris Right Product, Right Place, Right Time
				Bryan Hewlett Future Trends in Immunohistochemistry
				Workshop continued: Beth Gilbert Effective communication & active Listening
				Dr. Rob Hayes Mohs Micrographic Surgery: A New Treatment for Skin Cancer in Atlantic Canada.
				Workshop: Beth Gilbert Effective communication & active Listening
				Peter L. Twohig Labor in the Laboratory. Professional identity, politics and health care in Canada
				Dr. Mahmood Grossing of skin biopsies

Maritech 2006 Saturday Oct 28

9:00-10:00	Plenary Session TBA			
10:00-10:30	Nutritional break			
	Chemistry	Micro	General	Hematology
10:30-11:30	Bill O'Reilly Cardio Pulmonary Bypass	XXXXXXXXXXXXXXXXXX	Nancy Black Ergonomics in the Laboratory	XXXXXXXXXXXXXXXXXX
12:00-14:00	Lunch/ AGM			
				Dr. Morris Mendelson Workplace Violence: Causes, Consequences and Cures.
				XXXXXXXXXXXXXXXXXX
				Transfusion Med
				Management

Registration Form

Registration Fees (Lunch and nutrition breaks are included)

Early registration date: <i>Sept 22, 2006*</i>	Full registration 2 1/2 days		1 Day TH <input type="checkbox"/> FRI <input type="checkbox"/>		½ Day TH <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/>		Amount
	Early	after Sept 22	Early	after Sept 22	Early	after Sept 22	
NBSMLT/CSMLS	\$ 180	\$ 220	\$ 75	\$ 90	\$ 35	\$ 45	\$
Non-member	\$220	\$ 230	\$ 90	\$ 100	\$ 45	\$ 50	\$
Student	\$40		\$20		N/C (lunch not included)		\$

*****prize draw for early registrants (weekend for two/Delta Hotel)*****

Workshops

Event	DATE	TIME	MAX#		PRICE
Dr Dan Fontaine <i>Cytology/head and neck</i>	Thursday Oct 26 th Place: AHSC	14:00-16:30	15	<input type="checkbox"/>	N/C
Dr Beth Gilbert (UNBSJ) <i>Effective Communication and Active Listening</i>	Friday Oct 27th	14:00-16:30		<input type="checkbox"/>	N/C
Mike McGuire <i>Lab safety for Accreditation</i>	Thursday Oct 26	14:00-16:30		<input type="checkbox"/>	N/C
Ortho workshop Catch the Wave: Stress free Blood Banking with Automation	Thursday Oct 26	14:00-16:30		<input type="checkbox"/>	N/C
Dr. Marc Desjardins <i>Antimicrobial Resistance: Our Challenge as Laboratorians</i>	Friday Oct 27	14:00-16:30		<input type="checkbox"/>	N/C

Social Events / AGM

DATE	Time	Event	Price	# tickets	\$ Amount
Oct 25/06	18:00-22:00	Early registration & 'meet and greet' Trinity Room Delta Hotel *	Cash bar *		Cash Bar
Oct 26/06	18:30-20:30	Exhibitor's Reception , Exhibitors area, Delta Hotel	N/C		N/C
Oct 26/06	Start 20:30	Haunted Walking <i>Toooour !!</i> Guided tour of Loyalist Burial Ground followed by a pub-crawl of local haunts.	\$13.00		
Oct 27/06	18:30 bus departure	'Heaven or Nothing' Dinner Theatre	\$ 47.00 ** all inclusive		
Oct 28/06	12:00-14:00	AGM NBSMLT members only Please check if attending	N/C		N/C

* Snacks provided

** includes transportation, show, dinner, tax and gratuities.

Payment Information

Registration Fees \$	Name:
Workshop Fees \$	Title: Hospital :
Social Event Fees \$	Discipline:
	CSMLS #:
Total fees submitted \$	Phone (H) (W) (F)
	e-mail:

Accommodations –Register under “Maritech 2006”for Delta special rates.

Hotel	Address	Price Single/Double	Parking	Phone #
Delta Brunswick Hotel	39 King Street	\$129+Tx. / \$129+Tx. Register under 'Maritech 2006'	\$10.50 guests/ NC weekends	1-800-268-1133 506-648-1981
Hilton Saint John	1 Market Square	\$124+Tx std room \$169+Tx executive use code MAR102506A	\$14.95	1-800-561-8282 506-693-8484
Coastal Inn Fort Howe (Fort Howe Hotel & Convention Centre)	10 Portland St.	\$93 + Tx single \$102 + Tx double	Free	1-800-943-0033 506-657-7320

2006
MARITECH
SAINT JOHN NB OCT 26 - 28



Make cheque payable to: Maritech 2006

Mail to: Susan Findlater/Suzanne Turcotte
C/O Haematology Lab

Saint John Regional Hospital
2100 University Ave, Saint John , N.B. E2L 4L2

Info: call 506-648-6883 fax 506-648-6869

email: finsu@reg2.health.nb.ca