PAML expert to present career development workshop at AACC

PAML Scientific Director, Carmen L. Wiley, PhD, DABCC, FACB, will present a workshop titled "Interviewing 101: Strategies for Successful Hiring, Getting a Job, and Negotiating an Offer" during the 2015 AACC Annual Meeting and Clinical Lab Expo, to be held July 26–30, 2015, in Atlanta, Georgia. Her workshop is scheduled for July 28th from 2:30 p.m. to 5:30 p.m. at the Georgia World Congress Center Atlanta. According to Dr. Wiley, career development is important and essential to clinical laboratorians, but is rarely covered or taught in formal training programs. Conducting a strong interview, interviewing well, and negotiating a contract are all key skills to develop. During her session, she and two of her colleagues (Christina Lockwood, PhD, Assistant Professor, Department of Laboratory Medicine, University of Washington; Chris McCudden, PhD, Assistant Professor, Department of Pathology and Laboratory Medicine, University of Washington) will present strategies for successful hiring, getting a job, and negotiating an offer.

Come see us at AACC

AACC Annual Meeting and Clinical Lab Expo
July 26-30, 2015
Atlanta, Georgia
Booth 1152

RIA...the end of an era

This quarter, aldosterone and renin were the last analytes measured by Radioimmunoassay (RIA) at PAML. As a result, it marks the end of an era at our laboratory. The elimination of RIA resulted in more sensitive tests, improved turnaround time, and lower sample requirements. It also transitioned aldosterone and renin testing from an indirect measurement to a direct measurement. Direct measurements are more quantifiable, allow standardization between laboratories, and are more reproducible within patients on serial measurements. These aspects have a significant impact on patient care delivery. In addition, the elimination of RIA brings both operational and cost benefits to our laboratory, and to all laboratories that decide to convert.

Laboratory diagnostics is not a static industry, and testing is constantly evolving—which leads to improvements in sensitivity and specificity, and ultimately patient care. In addition, changes in methodologies can lead to improvements in worker safety. RIAs were introduced to the diagnostic laboratory setting in the 1950’s by Drs. Yalow and Berson, who received the Nobel Prize in 1977 for their work in developing RIA. The assays were specific and sensitive for their time. However, the incorporation of radioisotopes into the assay required special monitoring and regulations. This included specialized training for staff, oversight...
LabCompass

Online and On-Demand Delivery

We know it may be more convenient for some of our clients to have the option of communicating with our reference laboratory electronically, instead of picking up the phone. PAML has launched a new, interactive web portal called LabCompass, which allows clients to access laboratory-related information that was previously sent by fax, phone, e-mails, or accessed through ARDS or our website.

LabCompass provides instant online access to client account information 24/7 including test results, analytical reports, and invoices. It is easy to use and has a single, secure log-in!

Current Features
1. Specimen Resolution
   Communicate with our Resolution Department to resolve specimen issues without picking up the phone or handling faxes.

2. Client-Specific Reports
   • Monthly client-specific reports such as Test Utilization and CRM
   • Stores past reports for easy reference

3. Invoices
   • View and download your PAML invoice
   • Access past invoices

4. Designated Client Administrator
   You have complete control of your users’ access, including the ability to:
   • Add, delete and deactivate users
   • Specify the functions the user can access

5. Patient Results
   • Summary Results section calls out any abnormal test result.
   • Ability to print user-friendly, PDF reports
   • Cut and paste result data directly into your LIS

Upcoming Enhancements
1. Client Fees
   Easy access to client specific fees

2. Specimen Manifest
   Create a PAML specimen manifest without signing into a separate program

3. TCA & IMB
   View monthly Test Change Alerts (TCA) and Interface Maintenance Bulletins (IMB), which are otherwise sent via email

4. Test Delays
   View tests currently delayed due to instrumentation or reagent availability issues

Male trichomonas testing now available

PAML now has trichomonas testing available on male urine specimens utilizing the Gen-Probe APTIMA® assay, a nucleic acid amplification test (NAAT). This represents an important step forward for sensitive detection of these organisms and supports the CDC guidelines for diagnosis and treatment of all sex partners once an infection is identified.

Historically, laboratory diagnosis of trichomonias has been done using wet mounts. But, wet mounts suffer from having very low sensitivity, subjectivity, and time constraint on reading results. These limitations are amplified in testing specimens from male patients. NAATs offer the highest sensitivity and specificity, and are recommended by CDC for detecting T. vaginalis. The testing methodology has been available for female patients, but the lack of a sensitive test for their male partners has left open the possibility for re-infection.

Trichomonas vaginalis is the etiological agent of trichomoniasis, the most prevalent non-viral sexually transmitted disease worldwide. Trichomoniasis is a widespread, global health concern and occurring at an increasing rate. Infections of the female genital tract can cause a range of symptoms, including vaginitis and cervicitis, while infections in males are generally asymptomatic. The relatively mild symptoms and lack of evidence for any serious sequelae have historically led to this disease being underdiagnosed and under researched.

However, growing evidence that T. vaginalis infection is associated with other disease states—with high morbidity in both men and women—has increased the efforts to diagnose and treat patients harboring this parasite. T. vaginalis infection is associated with two to three-fold increased risk for HIV acquisition, preterm birth, and other adverse pregnancy outcomes among pregnant women.

TEST CODES:
Trichomonas only
APTTV
Chlamydia, Gonorrhea, Trichomonas
APTCGT
PAML and Axela collaborate on immune status for vaccine preventable diseases

In April 2015, PAML announced that the laboratory had entered into a collaborative agreement with Axela, Inc. to develop multiplex assays focused on immune status for vaccine preventable diseases.

Axela focuses on multiplexed nucleic acid and protein analysis for clinical diagnostics. Axela’s core expertise in flow-through microarrays, detection strategies, and assay development serve as the foundation for novel molecular diagnostic solutions broadly encompassing ‘point-of-care through reference laboratory’ market needs. The company’s applications have been demonstrated in allergy, oncology, infectious disease, and neurology specialties among others. Axela partners with diagnostic companies and laboratories to commercialize clinical tests and develop custom instrument solutions.

Francisco R. Velázquez, M.D., S.M., PAML’s president and chief executive officer said, “Partnering with Axela reflects PAML’s strong commitment to technological innovation and the expansion of our esoteric test menu. Having access to rapid, sensitive, and highly multiplexed assays will allow us to economically target emerging customer needs such as the recent focus on verifying proper immunization. As our menu expands, we will take advantage of the exquisite sensitivity of Axela’s technology to enable testing from additional specimen types like the dried blood spots used on Cinch™ — our online direct-to-consumer product offering.”

These serologic assays will measure antibodies to a wide range of viruses including measles, mumps, and rubella as an aid in the determination of patient immunity. Based on Axela’s new generation of flow-through arrays, these highly sensitive assays require only a single microliter of sample, representing less than a single drop of blood. The agreement also calls for expansion of the offering to a range of multiplex targets beyond the initial serological assays. PAML will provide the tests exclusively in the United States, while Axela will have the option to commercialize its benchtop analyzer and point-of-care formats throughout the rest of the world.

Paul Smith, president and chief operating officer of Axela added, “We are excited to be working with one of the top reference labs in the country to implement our new technology. We also share PAML’s vision of making testing more accessible to the community by driving down the cost and complexity. Our platforms are capable of delivering a menu of both nucleic acid and protein tests economically, whether in a high throughput reference lab or a single point of care determination. Partnering with PAML, an organization that is highly focused on its customers, will ensure these new tests are designed to provide the best possible client and patient value.”

### Oral fluid drug and alcohol testing

**Can be used by occupational, sports medicine, and employee health departments**

Advances in immunoassay screening and liquid chromatography tandem mass spectrometry (LC/MS/MS) enable routine use of oral fluid for legal, forensic, and employment testing. PAML’s Forensic Toxicology Department recently brought a lab-based immunoassay screen panel for oral fluid testing in-house. The assay includes two panels—a 5 panel and a 5 panel with alcohol.

The major advantage of oral fluid testing over urine collection is eliminating the need for a bathroom for specimen collection. The new collection procedure may be easily observed by either gender to minimize opportunities for adulteration or substitution, which has become an issue in urine testing.

The Quantisal™ oral fluid collector developed by Immunalysis comes with a volume adequacy indicator which turns blue when enough volume of sample (1 mL) has been collected. Once filled, the collector is ready to be placed into the vial of a buffer and sealed for chain of custody purposes.

Drugs that can be tested with our oral immunoassay include: marijuana; simulants—amphetamines, methamphetamine, MDMA, MDA, MDEA; Cocaine; Opiates—Codeine, morphine, Hydrocodone, Hydro- morphine, 6MAM, Oxycodeone; and PCP. The panels are not available for clinical or drug monitoring use at this time.

Occupational, sports medicine, and employee health departments may be interested in using this new assay for clients that perform employee drug testing.

- All positives confirmed by LC/MS/MS or GC/MS.
- Collection must be done with a legal Chain of Custody Form (CCF) or electronic (eCCF).
- Samples without a CCF/eCCF will be rejected.

For questions regarding these tests, to set up your account today, and to order Quantisal supplies (Order Code 3350), please contact:

**PAML Forensic Account Representative**

Phone: 877-778-9590, option 4

Email: toxsales@paml.com

Expanded panels are available upon request.
Renin assay undergoes methodology change

Effective June 30, 2015, PAML changed their renin assay from the radioimmunoassay (RIA) methodology to the new chemiluminescent immunoassay (CLIA) technology. The new methodology (ALDREN, REND, RND1-6) improves patient care by providing direct measurement and quantification of renin levels in the body. It also provides greater standardization between laboratory results, improves sensitivity so lower levels of renin protein can be detected, provides a faster turnaround time, and allows for decreased sample volume.

The renin-angiotensin-aldosterone system (RAAS) is responsible for water homeostasis and electrolyte balance, and in the regulation of arterial pressure. Measurement of plasma renin and aldosterone is, therefore, considered a marker of the renin-angiotensin-aldosterone system activity. Renin is released by the kidneys when there is a drop in blood pressure or a decrease in sodium chloride sensed in the tubules of the kidneys. Renin cleaves angiotensinogen to angiotensin I, which gets converted to angiotensin II. Angiotensin II causes a constriction of the blood vessels and stimulates aldosterone production by the adrenal glands. This leads to the regulation of blood pressure by regulating the retention of sodium and water and the excretion of potassium by the kidneys. When it is deregulated, it leads to or indicates the potential for cardiovascular and kidney disease.

Clinically, renin levels are used in conjunction with aldosterone levels to evaluate the causes of hypertension and to differentially diagnose primary aldosteronism (Conn Syndrome), secondary aldosteronism and hypo-aldosteronism. Conn syndrome is generally associated with low levels of Renin and elevated levels of aldosterone—usually from benign adrenal tumors. Secondary aldosteronism is caused by physiologic effects outside of the adrenal glands, and both renin and aldosterone levels tend to be high.

RIA...the end of an era

by state and federal agencies concerning levels of exposure, amounts of radioactive materials that can be onsite, and regulations regarding waste disposal. All these add to the cost of testing for laboratories and are operational obstacles that need to be addressed.

While state-of-the-art sixty years ago, RIA began to be replaced in the 1960’s by enzyme-based immunoassays (EIA), rendering many RIA assays obsolete as newer EIA methodologies were developed. These assays were faster than RIA, with enhanced sensitivity because of the colorimetric development that occurs. Enhancements to the EIA methods have also taken place over the years that are more incremental in their improvements and include chemiluminescent immunoassays and electro-chemiluminescent immunoassays, which are distinguished by their detection methods.

In order to maintain the best test offerings to our clients, PAML underwent a strategic effort to eliminate RIA testing wherever possible. This had several benefits from both the operational and cost perspectives. Operational benefits include less regulatory oversight—which translates to less documentation, improved employee safety from exposures to radioactive substances, and reduced safety training needs. Cost impact involves less waste on degrading reagents, personnel required to monitor compliance, and waste disposal fees. Non-tangible benefits include less environmental impact with respect to waste disposal and contamination issues. Evaluating all these benefits supported PAML’s transition away from RIA, and we continue to see other improvements supporting our decision.

If your laboratory is thinking about transitioning away from RIA methods and you want to discuss any of the considerations, please feel free to contact PAML Client Services at 800-349-8586 and ask for the Special Immunology Group.

PAML expert to present career development workshop

of Ottawa) will explore the interview and job offer process from the interviewer and interviewee perspectives. It will be interactive with case studies, role playing, and an audience response system to vote on the best way to proceed in specific interview and negotiation situations.

Dr. Wiley holds a doctorate in Organic Chemistry from the University of Washington. Her postdoctoral fellow in Clinical Chemistry was done at Mayo Clinic. She is board certified by ABCC and a Fellow of the NACB. Dr. Wiley has been a member of AACC since 1999 and has held several positions in AACC at the national and local levels. Currently she is a member of the editorial board for Lab Tests Online (LTO) and a member of the board to NACB.
Ehrhardt makes the most of every day
It’s never boring!

For someone who has been working at PAML for over 27 years, Patty Ehrhardt is still excited to go to work every day because “it’s never boring.” As Director of Esoteric Sales and Marketing for PAML, Patty is primarily focused on developing and enhancing the products and services that PAML, one of the nation’s top medical reference laboratories, offers to hospital clients. She and her staff of three hospital account managers service hospitals all over the United States.

Born in Moses Lake, Washington, Patty earned a bachelor’s of science degree in medical technology from the University of Washington, and both a bachelor’s and master’s degree in biology from Eastern Washington University. After college, Patty worked as lab manager at Moses Lake Clinic. She met her husband, Terry, in Moses Lake. Once married, they said they would never leave the area unless Terry, who works for State Farm Insurance, was offered a management position in Montana. Well, that day came and the couple headed east to experience the “Montana Mystique.” Patty started a new job as a medical technologist at Kalispell Regional Hospital – at least until she saw a unique opportunity at a little Spokane lab.

On June 6, 1988, Patty started work at PAML, becoming their second marketing representative. However, Patty was the first marketing rep to live outside of Spokane and the first to travel. As the rep for northern Wyoming and Montana, there were three typical client issues to stay on top of:
1. Is the courier pickup on time?
2. Is the client’s printer working?
3. What time do lab results come out?

Patty’s job was to visit clients every six weeks. Sounds simple enough, right? Her first day on the job, the assignment was to pick up a printer at Choteau County Hospital because they had discontinued using PAML as a lab. She walked in and asked for the printer only to be told she was at the wrong hospital. She was in the town of Choteau, but at the Teton County Hospital, not at Choteau County Hospital, which was in Fort Benton, located 80 miles away. Patty chose to accept this mishap as a lesson in the importance of details. Back then, clients had more time to visit, which helped to build stronger relationships. These days, people have less time to sit down together and talk. Patty says, “It’s amazing what technology has done to this job!” In the early days, there was no e-mail and no cell phones. She remembers standing on the side of the road at a payphone in the Montana winter trying to talk to someone at PAML. Now a rep can be present, virtually. With wireless communication and the internet, Patty doesn’t have to always be physically present at a particular location or even at a desk in order to do business. She says, “It’s changed the entire industry.”

Patty and her staff of three hospital account managers travel all over the United States for PAML. In 2014, Patty was also given the responsibility of leading the sales group for PAML’s toxicology division as well. Patty hit an airline milestone in 2014, achieving Delta’s Diamond Medallion level with 125,000 miles! Patty is also a “million miler” (lifetime miles) with both Delta and Alaska Airlines. That’s a lot of airplane time! Terry, her husband of 32 years, takes her to the Great Falls, Montana airport every Monday morning for a 6:00 a.m. flight and picks her up on Thursday night at 11:00 p.m. every week. Patty says, “although it’s not easy being gone, he’s my number one supporter. He’s a big part of my success that I can do what I do.”

You would think that someone who travels so much on the job would have no interest in traveling for fun. In fact, the opposite is true. Patty and Terry love to travel. Patty puts all her airline miles to good use, drawn to the lure of exotic locales to go fishing! Last year, she and Terry went to Argentina to fish for Golden Dorado. Her favorite place to go fishing is Africa for tiger fish. In fact, she has another Africa trip planned this year—to Namibia and Zimbabwe, and to fish the Zambezi River. Closer to home, the Ehrhardts take an annual trip to Canada to fish for northern pike and walleye, and to Alaska for silver salmon. Patty loves the remoteness of it—no cell phone, no e-mail—just the beauty of nature and really big fish!

Another activity that Patty enjoys both inside and outside of work is public speaking. She presents motivational topics at state and national conferences, noting that it’s a great way to get to know people.
PAML prepared for ICD-10 deadline

The U.S. Department of Health and Human Services (HHS) has set October 1, 2015 as the compliance deadline for healthcare providers, health plans, and healthcare clearinghouses to transition from ICD-9 codes to ICD-10 codes.

In preparation for the October 1st deadline, PAML has updated all of their systems to accept ICD-10 codes. We want to ensure that our customers experience a seamless transition, without disruption to the quality patient service and laboratory testing you’ve long trusted us to provide.

“Here at PAML, we have been working on ICD-10 readiness for the last few years and have confidence we, as an organization, are prepared for the October 1st effective date,” states Clarissa Willett, chief financial officer at PAML. “Although we are well prepared, our dependency on our customers and payors to be prepared is so significant that we are in the process of creating and communicating mitigation plans. These mitigation plans will be collaborative efforts within our billing, sales, and operational staff in order to reduce any adverse impact to PAML and our joint ventures. I have no doubt our talented employees will make this significant transition manageable.”

PAML is now capable of performing ICD-10 testing on all our existing bidirectional interfaces. The testing that we will be performing will consist of:

1. Validating that what we receive are the same diagnosis codes that were sent
2. Review and verify the order has passed through our system correctly, and all required information is included
3. Confirm information files pass into the billing system properly.

If you are ready to begin ICD-10 testing, we invite you to contact your PAML Hospital Account Manager or sales representative promptly.

- Your request will be placed in a queue and testing will be performed as resources are available.
- Please be sure to confirm that your system is ready to perform the ICD-10 testing before submitting your request or your case will be closed and you will need to resubmit when ready.
- We advise you to place your ICD-10 Testing requests as soon as possible to ensure there is ample time to test before 10/1/15.
- The deadline will come sooner than expected. We will not be able to support emergency requests.

PAML is creating an ICD-10 Billing Guide. Due to the sheer volume of changes, this guide will only be available online—not in print form. Once completed, we will provide a link to the guide on our PAML website at www.paml.com. Expected completion is September 1, 2015.
A minute of your time can change your workplace

Thirty-three years ago, Ken Blanchard took the world by storm with his book, *The One Minute Manager*, selling more than 15 million copies in 42 languages. The book revolutionized the way people managed their work and lives. But, the world has changed dramatically since then. People are different today—they want to find more meaning in their work and be appreciated for what they contribute. Today’s organizations need to respond sooner, often with fewer resources, to meet increased competition.

In May 2015, Ken Blanchard and Spencer Johnson co-authored and released a new book, *The New One Minute Manager*. Ken Blanchard explains “when *The One Minute Manager* came out in the early 1980’s, leadership was really ‘command-and-control.’ The ‘One Minute Manager’ was in charge. He set the goals. He decided who to praise. He decided who to reprimand. Today, leadership is much more side-by-side. In *The New One Minute Manager*, leadership is much more of a partnership.”

The three secrets of *The New One Minute Manager*

**Set one minute goals**
- Plan the goals together with your employees and describe them briefly and clearly.
- Show employees what good performance looks like.
- Have employees write out each of their goals, with due dates, on a single page.
- Review goals frequently—it should only take a couple of minutes.
- Encourage employees to take a minute to look at what they’re doing, and see if their behavior matches their goals.
- Does it match—if not, adjust. Encourage employees to rethink what they are doing so they can realize their goals.

**Give one minute praising**
- Praise employees as soon as possible.
- Let them know what they did right—be specific.
- Tell employees how good you feel about what they did right, and how it helps.
- Pause for a moment to allow employee time to feel good about what they have done.
- Encourage them then to do more of the same and keep up the good work.
- Make it clear you have confidence in them and support their success.

**Dealing with one minute re-directs**

*During the first half-minute...*
- Re-direct employees as soon as possible

*During the second half-minute*
- Tell them they’re better than the mistake and you value them.
- Remind them that you have confidence and trust in them, and support their success.
- Realize that when the re-direct is over, it’s over.

The New One Minute Manager will help to get performance back on track when necessary as well as helping people manage themselves, so they enjoy their work more and are more productive.

“As a leader, the best minute you spend is the one you invest in people.”
— Ken Blanchard

This book is available at most bookstores. If you have read through this article and are interested in a free book, be one of the first 5 PAML clients to call 1-509-755-8944. Leave your name, where you work, address and phone and we will send you a copy of the book!
PAML makes significant scientific contributions at the AACC Annual Meeting

PAML will be presenting five scientific posters at the AACC (American Association for Clinical Chemistry) Annual Meeting and Clinical Lab Expo, to be held July 26-30, 2015, in Atlanta, Georgia.

Comparison Study of PAML’s VDSP Certified LC/MS/MS Vitamin D Assay and the VDSP Certified Siemens Centaur Vitamin D Assay

The primary objective of this study was to compare two methods that are certified under the United States Centers for Disease Control (CDC) Vitamin D Standardization Certification Program (VDSCP). The methods are PAML’s certified LC/MS/MS Vitamin D assay and the Siemens Healthcare Diagnostics ADVIA Centaur Vitamin D Total assay (Centaur).

Improved Detection of Histoplasma Capsulatum Antigen in Urine Specimens Utilizing Ultrafiltration and Commercially Available Enzyme Immunoassay Reagents

Histoplasma antigen detection in urine is useful for diagnosing and monitoring treatment of systemic histoplasmosis. The study showed ultrafiltration using Amicon Ultra2mL Centrifugal Filters improves the detection and recovery of histoplasma antigen.

Quantitation of Ubiquinone (Coenzyme Q10) and Retinyl Palmitate in Serum/Plasma using Liquid Chromatography Electrospray Tandem Mass Spectrometry

Vitamins play an essential role in human health and wellness and monitoring for toxicity is important. PAML developed positive electrospray ionization tandem mass spectrometry (ESI- LC-MS/MS) for quantification of CoQ10 and retinyl palmitate. Our new methodology led to efficiencies in extractions and improved sensitivity from serum or plasma samples.

Hemoglobin A1c Screening Using ADx100 Dried Blood Spot Collection Cards on the Trinity Primus Affinity Ultra2 Analyzer

The Dried Blood Spot (DBS) specimens are useful for collection convenience and specimen stability. The goal of this study was to create a simple extraction and testing method for glycated hemoglobin testing (HbA1c) for screening DBS specimens collected in direct-to-consumer sales. Our methodology shows that DBS is an option for consumer-focused HBA1c testing.

Improved Testing Options Through Evaluation of Specimen Temperature Stabilities

The specimen stability study was performed to determine how storage temperatures and length of storage affected result integrity. Increased specimen stability validations allow for greater customer satisfaction, increased ability to add on testing, and options to reduce shipping costs.

IF YOU WANT TO VIEW THE SCIENTIFIC POSTERS AT AACC

The posters will be on exhibit Tuesday and Wednesday, July 28 and 29, 2015 from 9:30 a.m. to 5:00 p.m. in the Poster section of the Exhibit Hall at the Georgia World Congress Center. One of the poster authors will be present at that location between 12:30 p.m. and 1:30 p.m. to answer questions about the abstracts.

If you are interested in learning more about any of these posters, please contact PAML’s Science, Technology and Innovation Group at 509-755-8600 or email us at STIG@paml.com.