



An Attitude of Gratitude

By Anne Marie Mullin, Chief Executive Officer

“Gratitude can transform common days into thanksgiving, turn routine jobs into joy, and change opportunities into blessings.” — William Arthur Ward

The beginning of a new year is frequently a time when we make goals for the year ahead. It’s also a time for looking back

and reflecting upon that for which we are grateful. Hopefully, we have many good things to be grateful for! I am utterly convinced that the key to lifelong success is the regular exercise of a single emotional muscle: gratitude.

People who approach life with a sense of gratitude are constantly aware of what’s wonderful in their life. Because they enjoy the fruits of their successes, they seek out more success. And when things don’t go as planned, people who are grateful can put failure into perspective.

By contrast, people who lack gratitude are never truly happy. If they succeed at a task, they don’t enjoy it. For them, a string of successes is like trying to fill a bucket with a leak on the bottom. And failure invariably makes them bitter, angry and discouraged. Practicing an attitude of gratitude programs your brain to notice more reasons to feel gratitude. You quickly discover that even a “bad day” is full of moments that are worthy of appreciation. Success becomes sweeter; failure, less sour.

Gratitude is not something we readily talk about as fundamentally important to business. Truth is, without gratitude, we would have no sustained growth. Without gratitude, core teams fall away, the corporate culture diminishes, innovation ceases and followers unfollow. For teams to thrive, for people to connect and for the mind to be open to learning, we must practice and show thankfulness.

As an employee of this company from its formation in 1998, I have a long list of reasons to be grateful. Here are some of them.

- Our people top my gratitude list. Laboratory Alliance has grown from 224 employees on January 1, 1998, to over 400 employees presently. I am privileged to work with an extremely dedicated group of professionals who constantly challenge one another to do their very best and to put the patient at the center of all that they do.

- We performed almost 10.7 million tests in 2015 – up from nearly two million tests performed in 1998.

- Relatively few people in the community knew who Laboratory Alliance was in our early years. Now, I rarely go anywhere in public without people expressing their gratitude to me for the service we provide at our 11 (soon to be 12) Patient Service Centers located in three counties. People frequently comment to me that they see our courier vehicles everywhere! With over one million miles driven annually, it’s no small wonder.

- Laboratory Alliance served a handful of physician practices in the community in 1998. Now, nearly 90% of the region’s medical practices utilize our testing services. How privileged we are to be trusted by so many! It’s a trust that we earn each and every day.

- Laboratory Alliance is one of the mid-size “economic engines” in Central New York with nearly \$52M in net revenue annually – ranked in 2015 by *The Business Journal* as the 35th largest private, for-profit company in Central New York.

- I am also most grateful to my two predecessors: Frank Kearns, who served as CEO from April 2001 to December 2007, and Michael O’Leary, MD, who became interim CEO for three months upon Frank’s untimely passing and then was named CEO by the board of managers in March 2008. Dr. O’Leary served in that capacity until his retirement on Dec. 31, 2015 – all the while filling the position of medical director of our largest laboratory – the Operations Center located in Electronics Business Park. Frank provided us with the blueprint for our exponential growth and Dr. O’Leary maintained it.

I would be remiss if I didn’t state that Dr. O’Leary has been a wonderful friend and mentor to me since April 1987 when I moved to Syracuse to work in the clinical pathology laboratory at what once was known as Community General Hospital. I am so grateful for my professional association with him over the past 29 years.

In closing, it’s not hard to cultivate an attitude of gratitude. When your heart is full of thankfulness and you put forth effort to show it, it has a positive reciprocal effect on others, you, business and life in general. Good makes good! Show thanks for someone or something today and watch what happens.

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Join Laboratory Alliance at the Heart Walk

Molecular Diagnostics Manufacturer Calls on Local Expertise



Dr. Paul A. Granato, pictured far right, director of microbiology for Laboratory Alliance and **Dr. Mitchell Brodey**, below, president of FamilyCare Medical Group, professor of medicine at Upstate Medical University and infectious disease specialist, along with David Martin, infection preventionist for Crouse Hospital, were invited to participate in a videotaping to discuss the impact of molecular testing on the rapid diagnosis and control of influenza and tuberculosis infections. The videotaping was sponsored by Cepheid, an innovative company located in Sunnyvale, Calif., noted for the development of PCR-based diagnostic assays. The film crew visited Laboratory Alliance's Operation Center in December. The video will be used for educational purposes and will be distributed for national and international viewing.



UnitedWay-CNY.org

Your United Way Dollars are Helping Others Learn to Earn

Laboratory Alliance employees and friends are familiar with the annual United Way fundraising appeals but don't always see the direct results of these donations.

Faced with increasing local poverty levels and rising numbers of homeless people, especially women and children, United Way of Central New York faces these challenges with help from 34 Partner Agencies. Together and with the help of donors, the United Way of Central New York is able to fund 91 programs. Here's a look at one such program:

The **Culinary Arts for Self-Sufficiency Program** at Catholic Charities provides cooking and food service training for refugees, immigrants and other people with high barriers to employment. The program consists of a five-week training course which covers techniques in food preparation as well as safe food handling. Last year, this training was provided to 60 individuals; of those, over 75 percent became employed and maintained employment after 90 days.

These include David, who used to work as a cook in a Chinese restaurant in Malaysia. When he arrived in Syracuse, he expressed interest in restaurant work. He enrolled in the culinary training and, upon completion, program staff helped him find a job at Flame restaurant in Syracuse, where he has now been working for more than a year. David has learned a lot about managing a kitchen and restaurant, and is now interested in opening his own business. He plans to take an entrepreneur workshop through Catholic Charities and begin working toward operating his own restaurant in the future. Providing self-sufficiency is not only important for these individuals for many reasons, but it truly helps our economy overall.

The United Way has many other programs that help individuals in varying situations become self-sufficient: Vocational and Employment Services for People with Vision/Hearing Loss; Refugee Resettlement Program; Self-Development Reentry Program; OnPoint for Jobs; and Provisions, to mention a few.



Laboratory Alliance Begins a Partnership With Syracuse City School Students

Following years of medical technologist and technician shortages, Laboratory Alliance's vice president of human resources sees a bright spot on the local horizon. An announcement last fall that the Syracuse City School District (SCSD) was awarded a \$3 million grant as part of the Syracuse Pathways to Technology (P-Tech) collaborative partnership means greater exposure of medical technician training and career opportunities.

"This is a tremendous opportunity for the students to be trained for a career that actually needs them as soon as they graduate," said Barbara Guiffrida, who oversees hiring and training Laboratory Alliance employees.

In December, five Henninger High School students and their medical assisting teacher Colleen Jackson visited Laboratory Alliance's Operations Center in Liverpool to get a first-hand look at careers in the laboratory. As early as the fall of 2016, Laboratory Alliance could see a class of incoming freshmen

that will be the first P-Tech medical tech enrollees.

The P-Tech partners include the SCSD, Onondaga Community College (OCC), the Manufacturer's Association of Central New York, Broome Community College (BCC), SUNY Upstate Medical University, and St. Joseph's Hospital Health Center.

"Through our partnership with Lab Alliance, Syracuse City School District students will now have additional hands-on opportunities to prepare for careers of interest to them," said Robert Leslie, director of Career and Technical Education at the Syracuse City School District.

"From classroom content to field trips to mentorships and more, the P-Tech Health Careers Academy is a great opportunity for students to prepare to enter college and a career with the experience they need to be successful in the health professions."

In January, middle school counselors participated in a training session to introduce them to the district's many Career and



Delvon Cox, 12th grade student in the Syracuse City School District, practices using a scanner at the Operations Center.

Technical Education (CTE) programs available to students beginning in 9th grade.

Laboratory Alliance representatives were part of the panel of business partners who provided the counselors with information as part of an effort to encourage them to provide 8th grade students with information about the career preparation possibilities offered in the SCSD.

"K-8 is so important in college and career preparation," Nakeia Chambers from business partner SUNY Upstate Medical

Continued on page 6

Photos taken at Laboratory Alliance are featured in this brochure being distributed to Syracuse City School District's 8th graders and their families to encourage participation in the P-Tech Health Careers Academy. Pictured right is Laboratory Alliance's Operations Center Director Rita Romano showing high school senior Reina Beebe how to focus the microscope. Other students who toured the main laboratory as part of the P-Tech Health Careers Academy included, from back left, Delvon Cox, Tyler Leon, Jade Collier and Serena Massey. The students then stopped by the Cytology Department to view specimens through the 5-headed microscope.



TWO MAJORS

CLINICAL
LABORATORY
TECHNICIAN

HEALTH
INFORMATION
TECHNOLOGY

Students select their major prior to their junior year

Students at P-Tech Health Careers Academy are enrolled in academic classes, college classes, and gain professional work experience, all during grades 9-14.

Students successfully completing the program will graduate with:

- ✔ NYS Regents Diploma or a Regents Diploma with Advanced Designation
- ✔ NO COST Associate in Applied Science Degree from Onondaga Community College or Broome Community College (depending on major)
- ✔ Technical Endorsement
- ✔ Industry Approved Credentials
- ✔ Fast to job opportunity for health-related jobs in Central New York

WHO

Any SCSD 8th grade student may apply to P-TECH.

Interested in healthcare, science, or information technology? You may be a good candidate for P-TECH!

COST

There is no cost to attend P-TECH. Tuition, books, and fees are covered.

APPLY

There is no entrance exam for P-TECH. During the 8th grade year, students apply online at www.scsd.us or in person at the Student Registration Center (1005 W. Fayette St.).

All applicants (accompanied by a parent or guardian) must complete an in-person interview with P-TECH staff.

WHERE

Classes take place at SCSD's Henninger High School, Broome Community College (online), and Onondaga Community College.




P-Tech
HCA
AT HENNINGER HIGH SCHOOL



News from the Microbiology Department

The articles on these two pages were submitted by Paul A. Granato, Ph.D., Director of Microbiology

Genital Herpes — Cases of Mistaken Identity

Conventional methods for the laboratory diagnosis of herpes simplex virus (HSV) or varicella zoster virus (VZV) infection involve the use of specialized but separate culture systems to detect

each virus. HSV most commonly causes cold sores (chancres) and ulcerative genital lesions while VZV causes chickenpox and a reactivation disease called zoster that typically produces painful skin blisters along dermatomes.

In January 2015, Laboratory Alliance's Microbiology Department replaced the use of these cultural methods with a highly sensitive and specific molecular-based, gene amplification assay that detects both viruses using a single test. Even though HSV and VZV produce different clinical diseases, the decision was made to implement this test because, in our in-house evaluation of this assay, we were surprised to discover that several genital specimens were detected as positive for VZV instead of the expected HSV. Furthermore, at least two scientific studies (1,2) published in highly reputable medical journals reported the detection of VZV in genital specimens using similar molecular assays.

Laboratory Alliance's one-year experience since the implementation of this assay has resulted in the detection of VZV in 14 genital source specimens. Since these patients were initially thought to have HSV infection, the surprise detection of VZV instead of HSV by using the gene amplification method has enormous implications for patient management and potentially considerable benefit to the patient's emotional health and welfare.

Background

Herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2) along with VZV are closely-related DNA-containing viruses belonging to the *Herpesviridae* family. Both viruses produce clinically distinct diseases but share common features of infection. Primary HSV and VZV infections produce characteristic but different lesions on skin and mucous membranes. Once the primary stage of infection has resolved, HSV and VZV travel along and reside in neurons where they remain in a dormant state. These viruses can remain dormant throughout life or cause reactivation infections. Reactivation HSV infection produces skin or mucocutaneous lesions similar to primary infection while reactivation VZV produces a markedly different syndrome called shingles or zoster.

HSV Infection

HSV-1 and HSV-2 can cause a variety of diseases such as meningo-encephalitis, keratitis, and neonatal infection, but it is most noted for causing oral and genital infection. Previously, HSV-1 was thought to cause only oral infections while HSV-2 caused exclusively genital infections. It has now been clearly established that these two viruses have no anatomic boundary and are capable of causing infection in either anatomic site. Disease is transmitted by direct contact such as kissing or sexual activity. Once exposed, a vesicle or blister-like lesion will develop. The vesicle will eventually burst to produce a

painful, ulcerative lesion that is highly infectious. The lesion will eventually crust over and heal. During the symptomatic stages of infection, HSV travels along neighboring neurons and establishes itself within dermatomes to produce dormant and life-long infection. Reactivation infections can occur throughout life and are triggered by a number of factors such as stress, ultraviolet light exposure by hiking or skiing at high altitudes, and changes in diet to name a few. HSV infection can be transmitted to others by direct contact even when the patient is asymptomatic, but the risk of disease transmission is highest when herpetic lesions are present. There is no cure for HSV-1 or HSV-2 infection. However, several antiviral agents are available that can be used for suppression therapy or to reduce the severity of symptoms and period of viral shedding and infectivity.

VZV Infection

VZV causes chickenpox, a mild, cutaneous disease in children but a serious, potentially life-threatening infection in adults. Disease transmission results from respiratory droplet exposure from individuals with primary infection. The initial stage of chickenpox is characterized by the development of a skin rash. The rash is located largely on the trunk of the body and is not typically found on the extremities. The rash will develop into many vesicular, pox-like lesions that will eventually crust over and heal. Like HSV, VZV will infect neighboring neurons establishing a life-long, dormant infection that can reactivate, usually along a dermatome, to produce painful, blister-like lesions that are infectious.

Reactivation chickenpox is called zoster or by the layman's term, shingles. The frequency of VZV reactivation is much less than that of reactivation HSV. One of the best ways to minimize the risk for developing zoster in those individuals who have had chickenpox is to receive the VZV vaccine.

Conclusions for "Cases of Mistaken Identity"

HSV and VZV are taxonomically-related viruses that produce markedly different diseases with similar characteristics. Both are capable of producing lesions on skin and/or mucous membranes, both produce dormant and life-long infection, and both are capable of producing reactivation disease. Even though HSV and VZV are typically thought to produce lesions at different anatomic sites, Laboratory Alliance, along with others, has established that VZV can cause genital lesions and be detected from that site. The emotional and psychological beneficial impact on the patients affected could be considerable. Without the use of this newly implemented molecular method, this unusual presentation of VZV genital infection would go undetected and undiagnosed.

References

1. Phillip, K.E. et al. 2013. A not so simple case of genital herpes. *Brit. Med. J.* pii: bcr2013009993. doi: 10.1136/bcr-2013-009993.
2. Birch, C.J. et al. 2003. Detection of varicella zoster virus in genital specimens using a multiplex polymerase chain reaction. *Sex. Transm. Infect.* 79:298-300.

Zika Virus – The Newest Kid on the Block

Health Advisory: Zika Virus

On Jan. 15, 2016, the Centers for Disease Control & Prevention (CDC) issued a Health Advisory for pregnant women traveling to areas of the world where Zika disease is endemic. This alert resulted because babies born of mothers infected with Zika virus are at increased risk of having microcephaly (small heads) and/or brain damage or being miscarried. This concern increased in importance for the continental U.S. because the World Health Organization has now documented widespread infection in at least 14 Central and South American countries as well as the Caribbean islands. Most recently, infection has been diagnosed in individuals returning to the U.S. following travel to endemic areas. As a result, Zika virus may become endemic to the U.S. and is emerging as the “new kid on the block” to receive national media attention by being a serious health concern.

Background

Over the last decade, there has been a continual emergence of viruses that have caused serious infectious diseases of global importance. Some of these include West Nile Virus, enterovirus D68, influenza H1N1 (more commonly known as the swine flu), and Ebola virus. Zika virus represents the latest virus that has attracted national attention because of its ability to cause microcephaly and brain damage in newborns of infected mothers. Because infections have now been diagnosed in individuals returning to the United States from endemic areas, Zika virus is the newest viral agent that poses an infectious disease threat of potentially national importance.

History and Biology

Zika virus was isolated in 1947 from a rhesus monkey in the Zika forest of Uganda but it was not until 1967 that the first cases of human disease were documented in Nigeria. From 1951 to 1981, evidence of human infection was reported in other African countries, Egypt, and parts of Asia including India, Malaysia and the Philippines. Zika virus is now considered endemic in these areas of the world. Zika virus is a RNA-containing virus belonging to the *Flaviviridae* family. The infection is transmitted to humans following the bite from an infected mosquito. As such, Zika virus infection is closely related to other mosquito-borne diseases, such as dengue and chikungunya, both of which are also infectious disease threats of increasing global importance.

Epidemiology

Human infection generally results from the bite of an infected *Aedes aegypti* mosquito although several other *Aedes* species may also transmit the disease. Only 20% of infected individuals will develop symptomatic disease following an incubation period of about 10 days. Uninfected mosquitoes acquire the virus by taking a blood meal from an infected individual. The infected mosquito then bites another uninfected individual that perpetuates the disease resulting in endemic and potentially epidemic outbreaks of infection. Although disease transmission occurs almost exclusively following the bite of an infected mosquito, rare infections have been documented following blood transfusion and unprotected sexual activity.

Clinical Presentation

Zika virus causes a mild illness called Zika, Zika disease or Zika fever. Common symptoms of infection include mild headache, maculopapular rash, fever, malaise, conjunctivitis with extreme light sensitivity and joint pain. Thus far, Zika fever has been a relatively

mild infection of limited scope with no fatalities reported but its true potential as a viral agent of disease is unknown. Zika disease has attracted recent national attention because newborns of mothers infected with Zika virus are at increased risk of miscarriage or having the baby born with small heads (microcephaly) and/or brain damage.

Because of this, the CDC has issued a travel alert to pregnant individuals who might be visiting endemic areas. The endemic areas have now increased to include Central and parts of South America, especially Brazil, as well as many of the Caribbean islands including Puerto Rico. Of particular concern is that infection has been documented in individuals returning to the U.S. from travel to an endemic area. If these infected individuals are bitten by mosquitoes, the infection can become endemic in the area as other individuals are bitten by infected mosquitoes. Given the recent outbreaks of disease that have been reported in Central and South America, the Caribbean, and the Pacific rim islands including Hawaii, more imported cases are likely, resulting in the spread of the virus in some, if not many, areas of the U.S.

Diagnosis and Treatment

Zika disease should be considered in any patient who presents with acute onset of fever, maculopapular rash, arthralgia, and/or conjunctivitis and had a recent history of travel to an endemic area. A serum specimen is collected and tested for the presence of the virus RNA using a PCR assay that is currently only performed in specialized reference laboratories. Once diagnosed, no specific treatment is available for Zika virus disease. Treatment is generally supportive and includes bed rest, fluids, and the use of antipyretics and analgesics. The use of aspirin and other non-steroidal, anti-inflammatory drugs should be avoided until dengue has been ruled out to reduce the risk of hemorrhage. In particular, pregnant women who have a fever should be treated with acetaminophen.

Prevention

No vaccine is available to prevent Zika disease. The best way to prevent infection is to: 1. avoid mosquito bites; and, 2. use insect repellents when outdoors. People infected with Zika virus should be protected from further mosquito exposure during the first few days of illness to reduce the risk of local transmission.

Welcome New Clients

Greater CNY Neurology Care, PLLC
Syracuse, N.Y.

Upstate at Home
Syracuse, N.Y.

CNY Gynecology Associates
Oneida, N.Y.

Douglas Halliday, MD
East Syracuse, N.Y.

Reflections Medical & Cosmetic Dermatology
Syracuse, N.Y.

Introducing our Histology Department

With a staff of 15 histotechnicians and two technical assistants, Laboratory Alliance's Histology Department provides services to Crouse, St. Joseph's and Upstate University Community Campus hospitals, reference lab clients and our physician clients and their patients. Located at our Operations Center, it is in this department that samples of body tissue undergo special preparation to produce the glass slides that allow the specimen to be examined under a microscope by a pathologist.

Operating around the clock on weekdays, our histotechs are New York state licensed, certified by the American Society of Clinical Pathology, and participate annually in national proficiency testing and continuing education activities.

Working under Histology Manager John Daucher, they include:



Pictured above, from left, are John McCoy, Tess Thompson, Ian Crossett, Deb Weller, Chrissy Traphagen, Brian Curtis and seated, Andrea Curtis.

Pictured right are George Gerges, John Daucher, Tara Wellman and Adam Campbell.

Pictured below are Kathy Real, Heidi Robinson, Jill Nicholas, Laura Hanford and Tiffany Kolod. Ellen McAvoy was unavailable for a photo.



P-Tech Partnership With Syracuse City School District

Continued from page 3



University, said. "We need to help set students' eyes on a career path before they're in high school."

Lisa Mondello, from business partner SRC, said that middle school counselors, teachers and parents can be an important resource in encouraging students to explore what fields might excite them.

"Students need to know what a job is and what the requirements are before they can get a degree," she said. "Students should be encouraged to focus

in on something to give them an idea of what they'd like. No matter what their interests are—culinary, engineering, health—there are opportunities all over! It's important for students to find something they love."

Henninger High School will enroll 56 incoming ninth-graders to attend the P-Tech Health Careers Academy. They will graduate in five to six years with a high school diploma, an associate's degree, industry-recognized credentials and preference for local jobs. Associate's degrees in clinical lab technology or health information technology are offered through OCC and BCC. Laboratory Alliance, Upstate University Hospital and St. Joseph's Hospital will provide employee mentors to the students, and will allow the students to be "first in line" for jobs after they graduate. Every year, the program will accept another 56 students.

LA Newsmakers

Employee Anniversaries

January, 5 Years

Gene Cusano

John Eckert

Mitalbahen Patel

Michael Rapson

January, 10 Years

Kurt Alpha

Beverly Carrigan

Michael Manfredi

Patricia Wojcik

February, 5 Years

Brenda Alkins

February, 10 Years

Marene Ballard

Heidi Ricci

February, 15 Years

Nashid Khan

March, 10 Years

Andrea Bertolero

March, 15 Years

Diane Dermody

New Employees

Please welcome our new employees

At our Corporate Office

Erica Bowles - Customer Service Representative

Anna Jopson - Customer Service Representative

At our Operations Center

Tina Collyer - Dispatcher

Melissa Comstock - Medical Laboratory Technician

Melissa Renne - Phlebotomist

Danielle Safaty - Technical Processing Assistant

**At our Rapid Response Laboratory
at St. Joseph's Hospital**

Connor Garris - Laboratory Office Assistant

Congratulations



Director of Assay Development Roy Huchzermeier, Ph.D., recently received certification from the National Registry of Certified Chemists (NRCC) as Clinical Chemist. The NRCC offers certification programs for chemists in a number of professional fields, including Clinical Chemist, Toxicological Chemist, Chemical Hygiene Officer and others. Eligibility for certification as a Clinical Chemist requires sufficient undergraduate and

graduate level coursework in relevant chemical fields, together with sufficient professional work experience in the clinical chemistry field. The final step in the certification process is an exam which covers basic science, the theoretical, fundamental and practical aspects of clinical chemistry, and also specimen handling and management and administration.

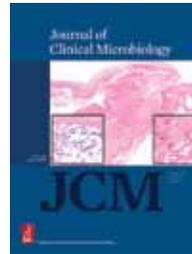


CEO Anne Marie Mullin was voted as Hospice of CNY's new Board Chair at their annual meeting of the Board of Directors in November.

Anne Marie has been an active board member and participant in Hospice events over the years. She was secretary to the board prior to her election as chair. Also, she is active in the Central New York community, having served on boards at St. Camillus Health and Rehabilitation, John Paul II Center for Women Inc., United Way of CNY, Central New York Eye and Tissue Bank and CCH Home Care and Palliative Services.

Lab Tests Online helps patients and their caregivers better understand the many clinical laboratory tests that are part of healthcare today as well as the diagnosis and treatment of a broad range of conditions and diseases. The site is a go-to reference for questions ranging from why a lab test is ordered to what the results might mean. **Lab Tests Online** aims to provide a greater understanding of information gained through lab tests so that you can talk to your healthcare provider and make thoughtful decisions about your care. Log on today! labtestsonline.org

In The News



Brenda R. Alkins, MT(ASCP) and **Paul A. Granato, Ph.D.** were co-authors on a scientific publication titled "Comparative Evaluation of the AmpliVue HSV 1+2 Assay with ELVIS Culture for Detecting HSV 1 & 2 in Clinical specimens" that was published in the *Journal of Clinical Microbiology*, vol. 53: 3922-3925.

Dr. Paul Granato was invited to speak in January in Tampa and Fort Lauderdale, Fla. His presentation was titled "Tests for the Laboratory Diagnosis of Group A Streptococcal Pharyngitis: Good, Better, Best."

When you need lab tests, visit us on the Hill

**NOW OPEN during the lunch hour
at Madison Irving Medical Center**

Open Monday-Friday from 8 a.m. - 4:30 p.m.



**475 Irving Ave., Suite 100.
Conveniently adjacent to physician offices and hospitals**

Community Connections

Calendar of Events

Friday, Feb. 5

American Heart Association's Wear Red Day 2016

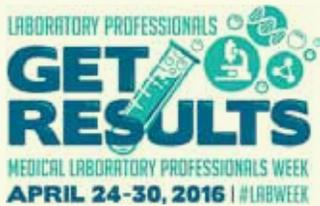
Laboratory Alliance participates to raise funds

Saturday, March 19

Ignite 2016 Catholic Men's Conference, SRC Arena at Onondaga Community College, Syracuse. *Laboratory Alliance is a sponsor and exhibitor.*

Saturday, April 2

American Heart Association Heart Walk, SRC Arena at Onondaga Community College, Syracuse. *Laboratory Alliance will sponsor a team to walk in memory of Barb Gonnella. See details in article to the right ...*



**Sunday, April 24-
Saturday, April 30**
**National Medical Laboratory
Professionals Week.**
The theme is "Laboratory
Professionals Get Results."



**When you need labwork,
we're in your neighborhood**

Opening April 4 at
Township 5 Medical Buildings, Camillus

**260 Township Blvd., Suite 40
at Hinsdale Road**

**Monday - Friday 8 a.m. - 4:30 p.m.
Closed for lunch from 12:15 - 1 p.m.**

First-come, first-served, no appointment needed

Join Our Team as We Remember a Friend

Laboratory Alliance will be participating as a team in the 2016 American Heart Association Heart Walk. Our team will again walk or run in memory of Barb Gonnella, a colleague and advocate for a healthy lifestyle, who passed away in 2013. The event will be held on **Saturday, April 2, at 10 a.m.**, rain or shine, at Onondaga Community College's SRC Event Center. Registration begins at 8 a.m.

Following are instructions to join the Laboratory Alliance Team:

1. Go to www.heartwalk.kintera.org/syracusenyc
2. Click on "Register"
3. Agree to the Waiver/Agreement
4. Click on "Join a Team"
5. Type in "Laboratory Alliance of Central New York, LLC" and click "Search"
6. Choose "Laboratory Alliance of CNY, LLC (In memory of Barb Gonnella)"
7. Click on "Join Our Team"
8. Agree to the Waiver/Agreement, again
9. Create username (can be your name) and create password
10. Follow the prompts to conclusion

The funds raised for the Heart Walk will support heart research and help to provide life-saving information to those who need it most. Our goal this year is to surpass the \$5,200 we raised last year. The donations collected from our Go Red Jean Day Campaign on Feb. 5 will count towards the Heart Walk goal.

For more information or if you would like to contribute to the team, contact Marsha Herbst at 461-5903 or by email at marshaherbst@lacny.com or Sunquest mailbox (MYH).

Dear Readers,

Welcome to the Winter 2015-16 edition of *LabLines*. I am honored and humbled to take over the newsletter editing function from Anne Marie Mullin, our chief executive officer. I am confident that our newsletter will continue to be informative, relevant and interesting and I thank everyone who has contributed to this production.

Please contact me with your comments and suggestions.

— Joan Rusin, Senior Executive Assistant

