



## A Journey to Excellence

By Marilyn LeClair, Vice President of Operations

As costs escalate, insurance reimbursements lag and a shortage of qualified staff prevails, laboratories, health care providers and patients are asking the same question: "Will health care be accessible and affordable in the future?"

Laboratory Alliance is facing this same challenge. Based upon an article recently published in *Laboratory Economics*, reimbursement for laboratory tests is no greater now than it was in 1984 while supply and labor costs continued to increase. To compound this problem, test menus have expanded and availability of qualified medical laboratory technicians and technologist has dwindled. Based on 2004 statistics from the Department of Labor, 4,000 medical technologists will graduate annually. 13,800 medical technologists are needed each year through 2012 to fill current and upcoming vacancies.

As an independent laboratory serving Central New York, Laboratory Alliance feels a responsibility to do everything possible to provide affordable quality laboratory testing. We have done a great job in meeting the current demands of clients as a result of devoted staff and automation, but it has become more and more difficult to provide a quality product in a shorter amount of time with fewer people. Demanding more with existing workflow processes may put us at risk for increased errors. Thus, we have chosen to "think outside of the box" and embark on a journey to excellence by adopting Lean principles to streamline our processes and eliminate waste.

Although initially associated with the automotive manufacturing industry, Lean thinking has since been adapted to fields ranging from government, food service, retailing, banking and health care. Lean principles applied to the healthcare industry make more efficient use of resources. Lean thinking is about 1) removing waste and variation that does not add value, 2) standardizing work processes, and

3) keeping work flowing through the system. Lean practices allow staff to execute processes flawlessly via standardized work every day. Lean is doing twice as much work with half as much effort in half the space in half the time with half the needed inventory on site. Laboratories across the country that have fully implemented Lean principles have significantly improved turn around time, reduced errors, decreased costs and freed up space.

To guide and assist us on this Lean journey of process improvement, Laboratory Alliance contracted with the consulting firm Operations Excellence (Op-Ex) to perform an assessment of our existing operation. This was conducted at the Operations Center and all three rapid response labs the week of Nov. 9, 2009. A representative from Op-Ex visited each location to observe and videotape the current workflow stream. In addition, management and staff were interviewed to obtain a clear picture of our existing operation.

An Op-Ex team evaluated these observations and the statistical data that we provided in order to identify opportunities for improvement. Based on a comprehensive priority matrix they recommended how to prioritize improvement projects during this Lean journey. As a result of this comprehensive assessment, the first proposed project will be at the Operations Center.

Developing a Lean production management system includes:

- Receipt and processing of all specimens into the laboratory.
- Creation of an integrated general chemistry and hematology work cell.
- Creation of a two-bin (kanban) material replenishment system for supplies.
- Development of a process measurement system to allow operations leaders to manage the system effectively.

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## BBANYS Fall/Winter Seminar Held at Laboratory Alliance in December

By Barbara Gonnella, Manager, Special Projects Transfusion Services

Local and low-cost educational opportunities are rare in these challenging economic times. For several years, Rachel Elder, M.D., and the management staff from Laboratory Alliance, have organized a program to provide Central New York area blood

bankers a learning opportunity that fulfills a portion of the continuing educational hours required by New York state.

In December, 62 laboratory professionals attended one of two sessions offered at our Corporate Offices on Buckley Road.

The first of three presentations began with "All I Want for Christmas is a Compatible Crossmatch" by Karen Puglisi, MT(ASCP) SBB, Laboratory Manager at Oneida (N.Y.) Hospital. Karen retired in 2007 from the American Red Cross, NY-Penn Region where she was the Manager of Technical Operations. Her 30 years of blood banking and immunohematology experience is invaluable to the Central New York region.

Karen developed her presentation based on everyday occurrences in hospital blood banks. Case studies were presented.

Barbara Wagoner, RN, CCRN, presented "What is the Value of Developing a Blood Management Program?" Barbara is the Integrated Blood Conservation Program Associate at St. Joseph's Hospital Health Center in Syracuse, N.Y.

As the Blood Conservation Associate, Barbara works with surgeons and clinicians to develop and implement blood management strategies to decrease the utilization of blood components. Her presentation reviewed the benefits of developing a blood management program, described the risks of transfusion and discussed strategies to decrease blood utilization.

The final presentation, delivered by Jeffrey Case, Minister for Jehovah's Witnesses, was titled "Managing the Care and Understanding the Choices of Patients Who Are Jehovah's Witnesses." Jeffrey is a member of the Syracuse, N.Y. Hospital

Liaison Committee for Jehovah's Witnesses, a team that promotes cooperation between Witness patients, doctors and hospitals. He reviewed the scriptural basis for their position on blood transfusion.

Jeffrey reviewed the keys to a successful outcome for Witness patients including active communication, skilled cooperative physicians, use of medical alternatives and consultation with the Hospital Liaison Committee. The speakers repeated their presentations for an afternoon session. Attendees included staff from hospitals located in Albany, Carthage, Oneida, Utica and Binghamton in addition to the Syracuse hospitals.

The following individuals and companies supported the seminar: Rhonda Parsons from the American Red Cross NY-Penn Region; Juliane Breh, Kate Corona and Amy Hall from Laboratory Alliance; Pathology Associates of Syracuse, PC; and Laboratory Alliance of Central New York.



*Barbara Wagoner, Jeffrey Case and Karen Puglisi were presenters at the BBANYS Fall/Winter Seminar held at Laboratory Alliance in December.*

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## A Journey to Excellence

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This transformational change will require four to five staff members to serve on a "Lean team" for 13 weeks to ultimately redesign workflow and establish standard work practices. The team members will be led by an experienced consultant who will teach Lean principles and then coach and mentor them through this change process. All other staff will also receive training to fully understand Lean principles and the value of this continuous improvement.

Implementing Lean management systems will establish standard work practices and create visual controls and objective measures to help senior staff manage the operation of the new processes. It will also develop experienced Lean implementation team leaders who can transfer their knowledge to other areas of the company.

Lean is not a "project of the month," it is a journey toward excellence. Lean transformations have no ending; they are continuous process improvement journeys.

## Do You Know?

### Phlebotomy Order of Draw

1. The order of draw that is recommended for both glass and plastic venous collection tubes when drawing multiple specimens for clinical laboratory testing during a single venipuncture is:
  - 1st – Blood culture tube
  - 2nd – Coagulation tube (e.g. light blue top tubes)
  - 3rd – Serum tube with or without clot activator, with or without gel (e.g. red, gold or speckle-top tubes)
  - 4th – Heparin tube with or without gel plasma separator (e.g. green top tubes)
  - 5th – EDTA tube with or without gel separator (e.g. lavender top tubes)
  - 6th – Glycolytic inhibitor tube (e.g. gray top tubes)
2. Blood specimens for serum samples should be adequately clotted before centrifugation. Complete clotting normally occurs within 30 to 60 minutes at room temperature. The time to clot will be prolonged if the patient is on anticoagulant therapy or if the specimen is chilled.
3. Centrifuge tubes with their closures in place, and with a centrifuge that has a locking lid, for a minimum of 15 minutes no sooner than 30 minutes from specimen collection.
4. Do not centrifuge specimens for potassium measurement more than once. Results will be falsely increased.
5. DO NOT attempt to harvest additional serum/plasma AFTER serum/plasma has been removed from non-gel or gel tubes.



*More than 250 employees and their guests attended Laboratory Alliance's Holiday Party held Jan. 9 at the Holiday Inn Electronics Parkway.*

## Technology Corner

The following new tests and test methods have been added to the menu of tests performed by Laboratory Alliance:

- Sirolimus
- Multiplex Real Time PCR Assay for Influenza A, Influenza B and Respiratory Syncytial Virus

Please note that our most current laboratory test menu and other important information can be found on our Web site at [www.laboratoryalliance.com](http://www.laboratoryalliance.com).

## Welcome to Our New Clients

**Ross Moquin, M.D.**  
Syracuse, New York

**Drs. MacDaniel & McCormick**  
**Optometrists**  
Lafayette, New York



## Sirolimus Testing by Liquid Chromatography Tandem Mass Spectrometry (LC/MS/MS)

By Roy Huchzermeier, PhD, Clinical Chemistry/Toxicology Consultant

Sirolimus (Rapamune<sup>®</sup>; rapamycin) is a potent immunosuppressive drug used to prevent rejection following organ transplantation. Sirolimus blocks activation of T- and B- cells by inhibiting the response of these cells to Interleukin-2 (IL-2). The mechanism of action of sirolimus differs from other immunosuppressive drugs, the calcineurin inhibitors (tacrolimus and cyclosporine), which exert their immunosuppressive effects by inhibiting the production of IL-2. Because of different mechanisms of action, sirolimus can act synergistically with tacrolimus or cyclosporine and is therefore often administered in combination with these drugs.

Therapeutic drug monitoring of sirolimus is necessary to ensure an adequate blood concentration to prevent organ rejection and to avoid toxic side effects such as thrombocytopenia or hypercholesterolemia. Whole blood is the recommended sample matrix for therapeutic drug monitoring because sirolimus is largely sequestered within erythrocytes.

There are a number of sirolimus metabolites that can complicate therapeutic drug monitoring. The metabolite profiles are highly

variable between individuals and are influenced by the age of the patient. Furthermore, the sirolimus metabolites display varying degrees of immunosuppressive activities. Traditional immunoassay methods show varying degrees of cross reactivity for sirolimus metabolites, resulting in over-estimation of whole blood concentrations. LC/MS/MS methods detect only the parent drug of sirolimus, which results in a more accurate estimation of sirolimus activity.

Beginning in January, Laboratory Alliance began offering in-house testing for whole blood sirolimus levels by LC/MS/MS, using the New York State Clinical Laboratory Evaluation Program-approved Waters methodology. The new in-house assay represents a state-of-the-art methodology utilized by major reference laboratories and offers comparable sensitivity and specificity.

A therapeutic range of 4-12 ng/mL is proposed for trough specimens from kidney transplant patients on concomitant cyclosporine therapy. A range of 12-20 ng/mL has been proposed for liver transplant patients. These ranges may vary with a variety of factors, such as the specific transplant organ, concomitant drug therapy, and the approach of the transplant center.



## Urine Opiate Screening Update

By Jayne L. Healey, MD, Assistant Director of Laboratories

Urine opiate screening by immunoassay is designed to detect only the naturally-occurring opiates, codeine and morphine.

The assay has also been specifically modified to detect the illicit street drug, heroin. Some semi-synthetic opiates may cross-react with the urine opiate assay, but only at significantly higher doses. As the assay is not intended to detect semi-synthetic opiates, it is an unreliable screening tool for these substances.

Purely synthetic opioid compounds have no naturally occurring correlate and are not detected by urine opiate screening. **See table at right.**

If testing is desired for a synthetic or semi-synthetic opiate, quantitative testing for the specific compound should be ordered (e.g. urine fentanyl quantitation). The methodology utilized for this testing is liquid chromatography-tandem mass spectrometry. However, quantitative testing is neither rapid nor cost-effective and

Opiates/Opoids	Reactivity
<b>Natural:</b> Codeine, Morphine	Detectable in urine at a cutoff of 300 ng/mL
<b>Semi-Synthetic:</b> Hydrocodone, Hydromorphone Oxycodone, Oxymorphone	May cross-react, but unreliably detected by urine drug screen
<b>Synthetic:</b> Buprenorphine, Butorphanol, Fentanyl, Meperidine, Methadone, Propoxyphene, etc.	Not detected by urine immunoassay drug screen

should not be substituted for routine urine drug screening.

The presence of opiates in urine is only an indication of recent exposure to opiates and does not indicate or measure intoxication. Detection time averages between 2 to 3 days from last ingestion but varies with dose, individual metabolism and other factors. Urine drug screening by immunoassay provides only a preliminary analytical test result. A more specific alter-

nate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS) is the preferred confirmatory method. Clinical consideration and professional judgment should be applied to any drug of abuse test result, particularly when preliminary positive results are used.

For questions or concerns regarding these test services, contact Cheryl Haskins, Chemistry Manager, at 315-410-7014.



## Infectious Diseases - Serological Testing Update

By Jayne L. Healey, MD, Assistant Director of Laboratories

Historically, serological testing for infectious diseases has been performed via indirect fluorescent antibody (IFA) assay. This 1980's

methodology yielded antibody titers, reported as the highest dilution with detectable positivity (e.g. 1:320).

Within the last decade, IFA has been replaced by enzyme-linked immunosorbent assay (ELISA) and EIA-based testing.

Results of these assays are reported as antibody indices, as compared to known standards. Although reported as numerical values, indices are interpretable only as positive or negative in comparison to assay-specific reference ranges.

Antibody indices are not titers and are not intended to be used quantitatively. Above the positive cutoff, detection quickly becomes nonlinear, and numerical values are not meaningful. Orders for specific immunoglobulin "titers" (e.g. Lyme IgM titers) will also be appropriately converted.

For questions or concerns regarding these test services, contact Cheryl Haskins, Chemistry Manager, at (315) 410-7014.

**As of Dec. 28, Laboratory Alliance has been converting all orders requesting "titers" as follows on the chart to the right.**

Anti-DNase-B titers	➤ Anti-DNase-B Antibody, Total
Anti-Streptolysin O titers	➤ Anti-Streptolysin O Antibody, Total
B. burgdorferi (or Lyme) titers	➤ Lyme Disease Antibodies, IgG/IgM
Cytomegalovirus (CMV) titers	➤ CMV Antibodies, IgG & IgM
Diphtheria, Tetanus titers	➤ Diphtheria, Tetanus Antibody, IgG
Epstein Barr Virus (EBV) titers	➤ EBV Evaluation (Antibody Panel)
Helicobacter pylori titers	➤ Helicobacter pylori Antibodies, IgG & IgM
Hepatitis titers	➤ Hepatitis Profile, Acute
Hepatitis A Virus titers	➤ Hepatitis A Virus Antibody Panel, Total & IgM
Hepatitis B Virus titers	➤ Hepatitis B Virus Surface Antibody, Quantitative
Hepatitis C titers	➤ Hepatitis C Virus Antibody, Total
Herpes Simplex Virus (HSV) titers	➤ HSV 1/2 Antibodies, IgG & IgM with Reflex to Type 1 & 2 Glycoprotein G-Specific Ab, IgG
Mumps titers	➤ Mumps Virus IgG (Immune Status)
Mycoplasma pneumoniae titers	➤ M. pneumoniae Antibodies, IgG & IgM
Parvovirus B19 titers	➤ Parvovirus (Fifth Disease) Antibodies, IgG & IgM
Rubella titers	➤ Rubella Antibody, IgG
Rubeola (Measles) titers	➤ Rubeola Antibody, IgG
Strep. pneumoniae (or pneumococcus) titers	➤ Strep. pneumoniae Antibodies (IgG), 14 serotypes
Toxoplasma titers	➤ Toxoplasma gondii Antibody, IgG/IgM
T. pallidum (or Syphilis) titers	➤ Syphilis Screen, T. pallidum Ab IgG/IgM
Varicella-Zoster Virus titers	➤ Varicella-Zoster Virus Antibodies, IgG

## Reflex to Direct LDL Measurement

By Jayne L. Healey, MD, Assistant Director of Laboratories

Measurement of low density lipoprotein cholesterol (LDL) is useful in assessing the risk for heart disease and in monitoring cholesterol-lowering therapy.

A standard lipid panel consists of total cholesterol (TC), high-density lipoprotein cholesterol (HDL), and triglycerides (TG).

By applying the Friedewald equation ( $LDL = TC - HDL - TG/5$ ), an estimate of LDL concentration is calculated and reported as well. Calculated LDL is approximately as accurate as direct LDL measurement when TG levels are not significantly elevated and is included at no additional cost when a lipid panel is performed. When triglycerides are high, the formula is no longer accurate for the estimation of LDL. In this situation,

accurate determination of LDL requires direct measurement.

Direct LDL measurement is reflexively ordered whenever calculation of LDL cholesterol will not be accurate due to significant elevation of serum TG. The previous TG cutoff value for direct LDL measurement was 250 mg/dL.

**As of Jan. 18, Laboratory Alliance has increased the TG cutoff for direct LDL measurement to 300 mg/dL. This cutoff is within the established guidelines for accurate calculation of LDL and should represent a cost savings to patients.**

Increased serum TG can be due to intrinsic lipid disorders; however, TG levels may increase in any patient after eating. Therefore, it is recommended that all patients be instructed to fast for at least

12 hours prior to blood draw for the lipid panel.

Alcohol has also been shown to cause pronounced TG elevation, and patients should be instructed to refrain from alcohol use for 24 hours prior to blood draw. To learn more, visit [www.labtestsonline.org/helpful/reference\\_ranges\\_lightbox.html](http://www.labtestsonline.org/helpful/reference_ranges_lightbox.html)

The lipid panel is most clinically significant when performed on patients who are "metabolically stable." Illness, surgery, trauma, sudden weight loss or gain and pregnancy can all temporarily affect cholesterol levels, and lipid testing should be avoided during these processes, if possible.

For questions or concerns regarding these test services, contact Cheryl Haskins, Chemistry Manager, at (315) 410-7014.



## Susan Rauer Named CNY CLMA Laboratorian of the Year

By Marilyn LeClair, Vice President of Operations

The Clinical Laboratory Management Association (CLMA) of Central New York Chapter announced the Laboratorian of the Year at their annual meeting in October 2009. The Laboratorian of the Year award is given to an individual who demonstrates at least two of the following attributes: leadership, quality performance and/or community involvement. **Susan Rauer**, (*shown left*) Manager of Research and Development at Laboratory Alliance, was honored with this prestigious award.

Sue has been a highly respected laboratorian in the Syracuse area for many years. Her leadership skills are exemplified by her ability to teach clinical laboratory procedures to her staff, her willingness to listen and her knowledge of laboratory operations especially in clinical chemistry. Sue sets a high standard of practice and expects everyone to meet those standards. She is an intelligent, dedicated and compassionate leader. Sue is very organized and meticulous in her work focusing on the details to assure accuracy and precision. Her critical thinking skills have enhanced her ability her to validate new products for manufacturers of clinical chemistry instrumentation.

Throughout the years, Sue has progressed through the ranks from a bench technologist to management and then into research and development. She has served in the role of supervisor and manager of Clinical Chemistry at St. Joseph's Hospital and Health Center and at Laboratory Alliance. Under Sue's leadership the Chemistry Department at Laboratory Alliance expanded the complexity of its test menu significantly. To keep up with these demands Sue was promoted in August 2006 to Manager of Research and Development which has allowed her to devote all of her time and energy to bringing new tests and test methods in-house and validating new laboratory test methods before they come to market.

In summary, Sue is respected as a superb manager of clinical chemistry, an excellent teacher, an exceptional clinical applications researcher and an inspiration to many clinical laboratory scientists.



## Anne Marie Mullin Elected President of Board of Hospice Foundation

Vice President of Business Development and Marketing **Anne Marie Mullin** was elected president of the board of the Hospice Foundation of Central New York. Anne Marie has been a member of the board since 2007 and will serve a one-year term as president.

The Hospice Foundation of Central New York receives and administers gifts and bequests solely for the benefit of Hospice of CNY, which serves Onondaga County, western Madison County and southern Oswego County. Hospice of Central New York (HCNY) is an independent, community-based, not-for-profit agency which provides a compassionate, dignified alternative for people with an incurable illness and limited life expectancy. HCNY also operates the Center for Living with Loss, The Hospice Foundation of CNY, The Auxiliary to Hospice Foundation and is a corporate member of CCH Home Care, a certified

home care agency providing palliative care.

The Foundation raises funds to support Hospice care through special events, direct mail appeals, planned gifts and other outreach activities. It is through the Foundation's efforts that no one is turned away based on inability to pay for hospice services.

Anne Marie is also past president and a current board member of the Mental Health Association board of directors which recently consolidated services between the MHA and Contact Community Services. She is also an active committee member for Francis House, MedTech and other area not-for-profits. To learn more about The Hospice Foundation of CNY, visit [www.hospicecny.org](http://www.hospicecny.org).



## Healey, Stallcup, Speak at CLMA Meeting

Two speakers represented Laboratory Alliance at the Central New York quarterly chapter meeting of the Clinical Laboratory Management Association, held in January at the Empire Room at the NYS Fairgrounds.

**Jayne Healey, MD**, Assistant Director of Laboratories, (*shown right*) addressed the subject of vitamin D and the importance of being tested. **Lonnie Stallcup**, Education Services Manager, (*shown left*) spoke about Laboratory Alliance's Distance Learning Curriculum for laboratory employees.



# LA NEWSMAKERS

## New Employees

Please welcome our new employees

**At our Operations Center**

**Donna Cole**, Technical Processing Assistant

**Joseph DeLuca**, Courier

**Robert Post**, Medical Technologist

## Employee Anniversaries

**January, 5 years:**

**Linda Bondy**

**Karen Carter**

**Cherylle Hampden**

**Michael Johnson**

**Anthony Tartaglia**

**February, 10 years:**

**Linda George**

**March, 5 years:**

**Carol Smith**

**Robert Sudakow**

**January, 10 years:**

**Lisa Coulombe**

**March, 10 years:**

**Richard Clark**

**Clark Denton**

## Congratulations



**Dan Vick**, MD, MBA, Department of Pathology at St. Joseph's Hospital Health Center and Medical Advisor of Microbiology for Laboratory Alliance, was appointed to Rep. Dan Maffei's Health Care Advisory Committee for the 25th Congressional District. The Committee is made up of 10 to 20 people from the

district who advise the congressman on matters pertaining to health care policy and delivery.



Marketing Assistant **Amy Hall**, (left), this year's United Way Campaign Coordinator for Laboratory Alliance, proudly hands over employee pledges of more than \$25,000 to Kelly Bayne, United Way Account Manager. This was Laboratory Alliance's largest annual contribution to date.

For more information about the local United Way chapter, visit [www.unitedway-cny.org](http://www.unitedway-cny.org).

## Lynn Chase Named CHAMP

By Barbara Guiffrida, Vice President of Human Resources

Lynn Chase, a Lead Laboratory Office Assistant at our Rapid Response Laboratory at Community General Hospital, was presented with Laboratory Alliance's CHAMP award at the company's annual holiday party in January.

A nominee must consistently demonstrate Care, Helpfulness, Accuracy, Motivation and Professionalism.

Lynn has worked for Laboratory Alliance since October 2007. She received numerous nominations for the award. Some of the comments on ballots cast for Lynn include: "she always maintaining a positive approach;" "she brings out the best in her co-workers," "she motivates everyone that she works with," "she is patient and considerate as she trains and develops new employees to work to their full potential," "she always remains calm and professional," "she has a very admirable work ethic" and "she resolves issues before they become problems."

The Employee Recognition Committee thanks everyone who nominated a co-worker. The deadline for the next CHAMP Award is April 1. The eighth award will be presented at the employee luncheon in May.



## Supporting Our Local Food Banks

The Salvation Army of Syracuse thanks the employees of Laboratory Alliance for their generous contribution to their annual food drive.

Co-chairs Carrie Nappa, Central Receiving, and Jane Riffanacht, Special Projects Supervisor, along with Jeff Coyne, Director of Support Services, delivered 30 boxes of non-perishable food items to the Salvation Army Deposit Center. This was the largest food donation by Laboratory Alliance to date.

Food banks in Central New York are always in need of donations, not only during the holidays. Laboratory Alliance's contribution made a significant impact by providing food for less fortunate members of our community.

For more information about the Syracuse chapter, visit [www.sasyr.org](http://www.sasyr.org)



DOING THE MOST GOOD



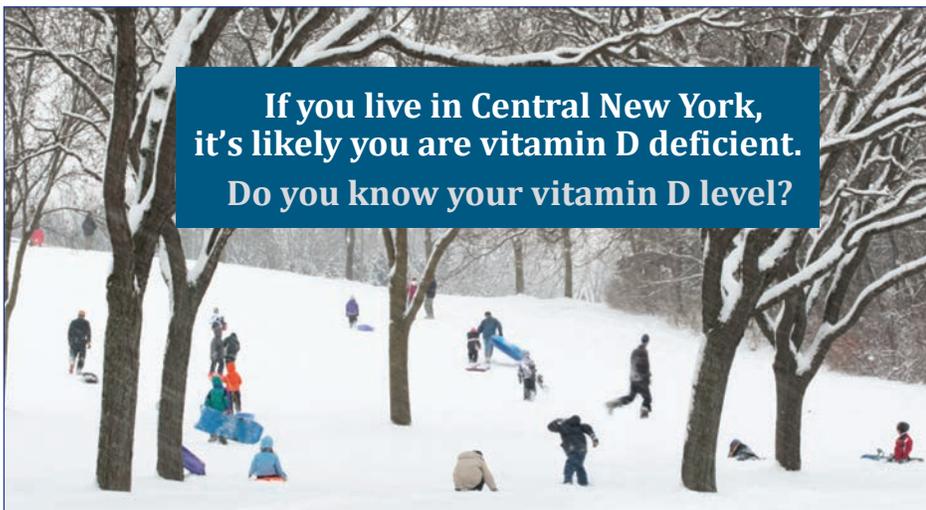
*Carrie Nappa*



*Jane Riffanacht*

# CALENDAR OF EVENTS

- Wednesday, Feb. 10**     **Syracuse Auto Dealers Association’s Charity Preview**, Oncenter Complex, to benefit 12 local not-for-profits.
- Tuesday, March 16**     **Upstate New York BioCareer Connection**, Ithaca, N.Y.  
*Laboratory Alliance is a presenter and an exhibitor.*
- Thursday, March 25**     **Syracuse Chamber Business Show**, NYS Fairgrounds, 9 a.m.-5 p.m.  
*Laboratory Alliance is an exhibitor.*
- April 18-24**             **National Medical Laboratory Professionals Week.**  
The theme is “Laboratory Professionals Get Results”
- Wednesday, April 21**     **Syracuse Healthcare Quality Forum**, Oncenter, Syracuse N.Y.  
*Laboratory Alliance is a sponsor and an exhibitor.*



**If you live in Central New York,  
it’s likely you are vitamin D deficient.  
Do you know your vitamin D level?**

**Why worry?**

When we don’t replace vitamin D daily, our body will meet its needs by stealing calcium from our bones, weakening them over time — a process that can contribute to the development of osteoporosis and weaken our immunities. Vitamin D deficiency may also increase the risk of heart disease and colon and prostate cancer.

**Testing provides important information.**

A vitamin D deficiency is diagnosed by measuring the concentration of a specific form of vitamin D in blood. Unfortunately, many tests do not measure the supplemental form of vitamin D. **It is imperative to request a total vitamin D test (25-OH vitamin D) in order to assess your true status — a total test that measures vitamin D<sub>2</sub> and D<sub>3</sub> levels in the blood.**



**What’s an “average daily dose?”  
Are you an “average adult?”  
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vitamin D *your* body needs.**

**Ask your doctor if you should be tested.** To learn more, visit [www.laboratoryalliance.com](http://www.laboratoryalliance.com) or call (315) 461-3008.



*The inukshuk, a traditional native sculpture, stands on Whistler Mountain in Canada and is the symbol of the 2010 Winter Olympic games.*

## LABLines

is a quarterly publication by  
**LABORATORY ALLIANCE of CNY.**  
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