



# Clinical Science

## Trumpet

### Newsletter of the Association of Clinical Scientists

#### New Office for the Association at ASCP Headquarters

Last January, Dr. Roland Valdes, Jr. President, 2012-13, announced the historic signing of a memorandum of understanding (MOU) between the Association of Clinical Scientists and the American Society of Clinical Pathology (ASCP). The purpose of the MOU, as Dr. Valdes stated at the time, was incrementally to position the Association for its future by increasing our membership of active Fellows, providing financial stability, establishing logistical continuity for serving our members, and developing new educational and scholarly areas of activity for the ACS and its Fellows. The Association retains full control of its operations, finances, annual meeting, journal, and other professional activities. We are simply purchasing some services, including the operation of the Association's office, from ASCP in an effort to manage our operations better within our limited budget, and we are using the power of ASCP to send our meeting announcements to a broader audience and to help with recruiting additional members. Our highly regarded journal, the *Annals of Clinical and Laboratory Science*, will continue to be managed by our editorial office in Houston, Texas.

The office and contact information for both offices are as follows:

Association of Clinical Scientists  
c/o ASCP  
33 West Monroe Street  
Suite 1600  
Chicago, IL 60603

Phone: (800) 267-2727 (toll free)  
Fax: (312) 541-4998  
Email: [clinsci@ascp.org](mailto:clinsci@ascp.org)

*Annals of Clinical & Laboratory Science*  
Editorial Offices  
6431 Fannin, MSB 2.292  
Houston, TX 77030

Phone: (713) 234-6387  
Fax: (713) 500-0732  
Email: [annclinlabsci@ascp.org](mailto:annclinlabsci@ascp.org)

#### Announcement of the Association's Annual Meeting Amelia Island, Florida, May 28 to 31, 2014

The 134th Meeting of the *Association of Clinical Scientists* will be held at the Omni Amelia Island Plantation Resort near Jacksonville, Florida on May 28 to 31, 2014. Our 2006 meeting was also at Amelia Island. The program theme will be ***Frontiers in Transfusion Medicine***. Dr. Roger Bertholf, Chair of the Program Committee, cordially invites you to attend this outstanding meeting, which will be hosted by the University of Florida Health Science Center / Jacksonville.

In addition to a session on the meeting theme, other sessions on Thursday afternoon, Friday morning and all day Saturday will include reviews and research papers from the Sections on Clinical Biochemistry and Biotechnology, Molecular Biology and Genetics, Clinical Immunology and

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New Office and  
Contact  
Information

Annual  
Meeting in  
Amelia Island,  
FL and Call for  
Abstracts

Minutes of the  
2013 Business  
Meeting,  
including  
election results,  
bylaws vote, and  
2014 awards

Roster of  
Officers and  
Committee  
Members for  
2013/2014

Members  
Contributions to  
the Association

Corporate  
Contributions

## Association of Clinical Scientists

**Kilmer McCully MD**  
President

kilmer.mccully@va.gov

**Kyle C Kurek, MD**  
Vice-President

kyle.kurek@childrens.harvard.edu

**Charles D Hawker**  
PhD, Secretary

hawkercd@aruplab.com

**Roger L Bertholf PhD,**  
Treasurer

roger.bertholf@jax.ufl.edu

**Robert L Hunter Jr**  
MD, PhD, Director

of Scientific Sections  
robert.l.hunter@uth.tmc.edu

**Nina Tatevian MD, PhD,**  
Editor-in-Chief

nina.tatevian@uth.tmc.edu

**Other Members of the**  
**Executive Committee:**

**Magali J Fontaine**  
MD, PhD

**Roland Valdes Jr, PhD**

**Dani S Zander MD**

Association address:

c/o ASCP, 33 West  
Monroe St., Chicago, IL  
60603; tel 800 267-2727;  
fax 312 541- 4998;  
email: [clinsci@ascp.org](mailto:clinsci@ascp.org)  
web site:  
[www.clinicalscience.org](http://www.clinicalscience.org)

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6431 Fannin, MSB 2.292  
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fax 713 500-0732  
email:  
[annclinlabsci@ascp.org](mailto:annclinlabsci@ascp.org)

Microbiology, Therapeutics and Toxicology, Clinical Informatics, Cell and Tissue Pathology, and Clinical Science in Practice. The Friday morning half day session will include a tour of The Blood Alliance in Jacksonville, FL.

The Abraham J. Gitlitz Memorial Lecture will be delivered by Magali J. Fontaine, MD, PhD on "The Most Significant Changes in Blood Banking in the Last Ten Years."

**CALL FOR ABSTRACTS:** Association members and guests are invited to present their research. Each proffered paper will have 12 minutes for oral delivery and 3 minutes for discussion. **Friday, January 24, 2014 is the deadline for receipt of abstracts.** Abstract instructions can be found in this issue of the *Trumpet* as well as on the web site.

The Omni Amelia Island Plantation Resort, 39 Beach Lagoon, Amelia Island, FL 32034, phone (904) 261-6161, fax (904) 321-5046 is the headquarters hotel for the meeting and most activities. This legendary, AAA Four Diamond resort just completed an \$85 million renovation in the spring of 2013. Nestled at the tip of a barrier island off the Northeast Florida coast, this 1350 acre resort and plantation features luxurious oceanfront accommodations, family-friendly activities, grand on-site meeting spaces, and nine dining options from gourmet to casual.

The special convention rate will be \$209 for resort-view guestrooms or \$259 for oceanfront guestrooms, plus taxes and fees (currently, 11%) and a daily resort service fee of \$10. The cut-off date for room reservations at the guaranteed conference rate is Monday, April 28<sup>th</sup>, 2014. The Omni Amelia Island Plantation Resort is 29 miles from Jacksonville International Airport. The resort's Transportation Department provides direct service to and from Jacksonville International Airport with no other hotel stops. See the Association's web site for details.

Social events will include the Association's annual reception and banquet on Friday evening, and the annual musicale and art show on Saturday evening, featuring chamber music and an exhibition of art, photographs, and handicrafts by members and guests.

## Association of Clinical Scientists Minutes, Annual Business Meeting Omni Parker House Hotel, Boston, MA May 25, 2013

Dr. Roland Valdes, President of the Association, convened the meeting at 4:56 pm EDT. Other members present were Drs. E. Shel Ben-Jacobs, Roger Bertholf, Fouad Boctor, Joshua Bornhorst, Robert Brown, Donald Cannon, Vincent DeBari, Egil Fosslie, Philip Foulis, Paul Fu, Clive Hamlin, Charles Hawker, Sidney Hopfer, Robert Hunter, Pai Kao, Kilmer McCully, Stanley Levinson, Amadeo Pesce, Andrea Rose, Eric Rosenbaum, Raymond Ryan, Jenő Szakacs, Juliana Szakacs, Nina Tatevian, and Myra Wilkerson. These 26 members constituted a quorum per the Association's bylaws which require a minimum of ten members. Also attending was Nancie Thompson representing the American Society of Clinical Pathology.

1. The minutes of the Business Meeting of May 26, 2012 in Mobile, Alabama were approved unanimously following a motion from Dr. DeBari and a second from Dr. Wilkerson.
2. Dr. Valdes gave a brief summary of his year as President. He noted this incredibly successful Annual Meeting in Boston just concluded, with total registrations exceeding 100, 78 speakers, and a first time poster session. He acknowledged Dr. Juliana Szakacs who chaired the meeting committee and the other members, Drs. Kilmer McCully, Kyle Kurek, and Nina Tatevian, along with Dr. Robert Hunter, Chair of Scientific sessions. Dr. Valdes noted that the Executive Committee has held regular monthly meetings to administer the Association's affairs, and this has done a lot to advance the Association since the passing of Dr. Sunderman.

Dr. Valdes noted that this year we initiated a Young Fellow's Section in order to attract younger Fellows and increase their participation and prominence. In addition to the casual dinner on Thursday evening, we plan to reserve four pages in the journal for case reports or similar contributions from young Fellows. Although it needs to be voted on in this meeting, the Executive Committee has proposed a Bylaws amendment better to align the membership category names with the membership, again with the goal of attracting younger Fellows to the organization. The journal has achieved considerable cost reductions thanks to the efforts of Dr. Tatevian, with no diminution of the quality of the printed issues.

Finally, we signed a Memorandum of Understanding with the American Society of Clinical Pathology for management of administrative functions. It is not a merger but rather enables the Association to piggyback on the very large membership and considerable resources of ASCP which should foster further growth of the Association. At the ASCP Annual Meeting in Chicago in September, 2013, the Association is sponsoring a half day symposium followed by a reception in an attempt to foster more interest and attract new members.

3. Dr. Bertholf discussed the Treasurer's Report which was part of the handout. The report covers the current fiscal year-to-date from October 1, 2012 through May 22, 2013. Although the Profit and Loss statement shows a net income, most of the expenses for this meeting have not yet been paid. However, the meeting a year ago in Mobile, we did have a surplus of income over revenue, which is a very important sign for the Association going forward. The total balance of the Association's checking account and investment account is \$315,262, whereas, a year ago at this time, the combined balance was approximately \$323,500.

Dr. Bertholf mentioned the Memorandum of Understanding with ASCP which he has been managing as Chair of the Transition Committee appointed by Dr. Valdes. The initial cost to the Association for services provided by ASCP is \$1000 per month (\$12,000 per year). This expense started on April 1, but it will be offset by savings from not operating the office in Houston. Starting on April 1, all Association members were given a complimentary one year membership in ASCP.

Dr. Bertholf then introduced Nancie Thompson of ASCP for a few remarks. Ms. Thompson noted that ASCP is committed to maintaining the ambience of the Association meetings as well as assisting us to grow our membership to a level that will sustain the organization going forward. ASCP wants to maintain the Association's quality and nature. The most recent issue (April, 2013) of the *Critical Values* newsletter has an article about the new links between ASCP and other smaller organizations such as the Association. The article has some important quotes from Dr. Valdes about the value of the relationship between the Association and ASCP.

4. Dr. Hunter, Chair of Scientific Sections, said that we will be continuing with the Scientific Sections as a means of working with the local meeting committees to organize our meetings. He also commented that when Bill Sunderman passed away two years ago, everything we got about the management, records, and history of the organization fit on a single thumb drive. Dr. Hunter stated that no organization should be subject to that concentration of knowledge with a single individual or office, and that he, therefore, views the Memorandum of Understanding with ASCP as very important to the future of the Association.
5. Committee Reports.

- a. Publications Committee. Dr. Tatevian, Editor-in-Chief, gave a detailed report on the status of the *Annals of Clinical and Laboratory Science*. The journal accepted 79 papers this past year, which was slightly less than 50% of the manuscripts

submitted to the journal. However, submissions are increasing, and already in the first quarter of this year, 83 manuscripts were received. Therefore, we may consider publishing six issues per year if the quality can be maintained. Dr. Tatevian thanked the members who have been reviewing manuscripts and mentioned the names of those who reviewed large numbers of manuscripts.

In order to offset the costs to the Editorial Office of reviewing manuscripts, a standard charge for the review was suggested. Dr. DeBari moved and Dr. Juliana Szakacs seconded that we charge each author a standard charge of \$50 to be collected with manuscript submission in order to have their manuscript considered and reviewed. The motion passed unanimously.

Dr. Tatevian then commented on the question of whether the Association should convert the publication of the journal from combined print and on-line journal to an on-line journal only. The broadcast email requesting members to contact the office if they preferred printed copies instead of on-line access only elicited 25 members who still want printed copies. However, the printing costs have been so significantly reduced, thanks to Dr. Tatevian's efforts, that the plan for now is to continue with printed journals.

Dr. Tatevian also noted that going to an on-line system for authors to submit their manuscripts is more trouble than it is worth, so there is no plan to do this.

- b. Constitution and Bylaws Committee. Dr. Hawker, Committee Chair, reported that there was a proposed amendment to the Constitution and Bylaws which had been announced 30 days in advance of the Business Meeting as required according to the Bylaws. A printed copy of the proposed Bylaws amendment was provided to all those in attendance at the Business Meeting. After crediting Dr. DeBari with the drafting of the amendment, Dr. Hawker explained that the proposed revision was primarily to reverse the nomenclature for certain membership categories in an effort to increase our membership of younger Fellows and to elicit residents and trainees to join in the hopes that they will eventually become Fellows. Currently, the Bylaws refer to trainees, residents and fellows in training as Junior Members, which could be viewed less favorably as a name. Conversely, the Association has had a few members, referred to as Associate Fellows, who do not possess a doctoral degree. There are not very many such individuals; most are medical technologists who worked in the laboratories of Fellows and were encouraged to join.

The proposed Bylaws amendment would replace the term Junior Members with the term Associate Fellows, since these individuals do have doctoral degrees. Those individuals without doctoral degrees, currently called Associate Members, would simply be called Members. The modifier, Junior, would not be used if the Bylaws amendment is approved.

Dr. Juliana Szakacs moved that the proposed Bylaws amendment be approved. Dr. Amadeo Pesce seconded the motion. Dr. Valdes then entertained discussion and questions. Most of the discussion was positive. Dr. Cannon expressed a concern that, as written, the new language might discriminate against industry experience versus academic training, but Dr. Hawker and others did not interpret the wording in that manner. A vote was held and the proposed Bylaws amendment passed 25-1.

c. Membership Committee. Before giving his report, Dr. Valdes deferred to Dr. Hawker for several membership-related announcements. Dr. Hawker began by asking the members present to stand for a moment of silence to remember a member deceased during the past year – Dr. Julius Kerkay, of Veszprem, Hungary. Dr. Hawker then noted that 11 new Fellows had joined during the past year and one Fellow had rejoined, after dropping out a number of years ago. Dr. Hawker read the names of all 12 Fellows. Those present stood for a round of applause. Finally, Dr. Hawker noted that approximately 100 Fellows have been lost by not renewing their dues despite repeated emails or written mail. Although we have 119 Emeritus members who did return a membership information form to remain active as Emeritus members, we believe that most of these 100 Fellows who have dropped off our rolls may be emeritus-qualified, but simply no longer have interest in receiving emails or other correspondence from the association. Total membership in all categories is just under 300.

d. Young Fellows Section. Dr. Valdes asked for comments from the membership about this new section and our first ever poster session. Dr. McCully suggested we change the qualification for membership in the YFS from 40 (as announced in pre-meeting publicity) to 45, or within 5 years of completion of training, which would match the stated qualifications for the Young Clinical Scientist award. This recommendation did not require a vote and will be adopted. Dr. McCully is optimistic about the ASCP's assistance in growing this section and he also mentioned the case report section in the journal to be reserved for young Fellows.

There was a suggestion from the floor (unidentified by the Secretary) to have the posters stand alone at lunch without a competing seminar. The ensuing discussion strongly agreed with this suggestion. Next year's meeting will adopt this suggestion. Dr. Hawker asked Dr. Tatevian if she could informally poll the poster presenters, since nearly all were from Houston, as to how they felt about interest in their posters by meeting attendees and how the poster session and the morning session of 6 minute summaries were managed. Dr. Tatevian agreed.

e. Educational Accreditation Committee. Dr. Szakacs reported that the Educational Accreditation Committee met this past Wednesday and gave a final review and approval to this year's program, indicating that the

planned program had met the needs assessment. The meeting qualified for a maximum of 20.00 CME credits, if attendees chose both luncheon seminars and attended all other sessions available. If attendees chose the poster session instead of the luncheon seminar on Saturday, the maximum of CME credits they could obtain was 19.00.

e. Music and Arts Committee. Dr. Wilkerson reported that the Musicale was all set for this evening. An excellent program is planned and there will also be several displays of artistic talent including from Mrs. Brown and Mrs. Cannon.

6. Awards Committee. Dr. Hopfer, Chair of the Awards Committee, reported that the Committee selected the following to receive the Association's awards for 2014 at our Annual Meeting in Amelia Island:

Dr. Kyle Kurek (Boston) – Clinical Scientist of the Year  
Dr. Amadeo Pesce (California) – Diploma of Honor  
Dr. Christina M. Jacobsen (Boston) – Young Clinical Scientist

7. Nominating Committee. Dr. Hunter reported for Dr. Fontaine on the recommendations of the Nominating Committee from their meeting on Thursday evening:

President 2013-2014 Dr. Kilmer McCully  
Vice President 2013-2014 Dr. Kyle Kurek

Dr. Valdes asked if there were other nominations from the floor. Dr. Hawker moved and Dr. Fosslein seconded that nominations be closed and that the announced nominees be elected by acclamation. The members approved this motion unanimously.

8. These newly elected officers were thus installed into office and Dr. Valdes passed the gavel to Dr. McCully who took over as President to run the remainder of the Business meeting.

9. New Business.

a. Dr. Hawker asked for a round of applause to thank Dr. Valdes for his year of service as President.

b. There was no other new business.

10. The meeting was adjourned at 5:58 pm.

Respectfully submitted,

*Charles D. Hawker*

Charles D. Hawker, PhD, Secretary

# Roster of Officers and Committees for 2013/2014

## Officers and Executive Committee

Kilmer S McCully MD,  
President (2013/14)  
Kyle C Kurek MD, Vice  
President (2013/14)  
Charles D Hawker PhD, MBA,  
Secretary (2012/15)  
Roger L Bertholf, PhD  
Treasurer (2011/14)  
Dani Zander MD (2011/14)  
Magali J Fontaine MD, PhD  
(2012/15)  
Roland Valdes Jr, PhD  
(2013/14)  
Robert L Hunter Jr MD PhD,  
Director of Scientific Sections  
Nina Tatevian MD, PhD  
Editor in Chief

## Chairs of Scientific Sections

Cell & Tissue Pathology:  
Peter M Farmer MD, Chair  
Robert E Brown MD, Vice-  
Chair  
Clinical Chemistry &  
Biotechnology:  
Joshua Bornhorst PhD, Chair  
Roger L Bertholf PhD, Vice-  
Chair  
Clinical Immunology &  
Microbiology:  
Robert L Hunter Jr MD PhD,  
Chair  
M Kent Froberg MD, Vice-  
Chair  
Clinical Informatics:  
Myra L Wilkerson MD, Chair  
M Sriram Iyengar PhD, Vice-  
Chair  
Clinical Science in Practice:  
Vincent A DeBari PhD, Chair  
Clinical Molecular Biology &  
Genetics:  
Frederick L Kiechle MD PhD,  
Chair  
Magali J Fontaine MD PhD,  
Vice-Chair  
Hematology & Transfusion  
Medicine:  
Nicholas Bandarenko MD,  
Chair

Robert F Reiss MD, Vice-  
Chair

Therapeutics and Toxicology:  
Donald J Cannon PhD, Chair

## Special Appointments

Editor of Annals:  
Nina Tatevian MD, PhD  
Editor of Trumpet:  
Charles D Hawker PhD, MBA  
Coordinator of Association  
Website:  
Charles D Hawker PhD, MBA  
Delegate to Intersociety  
Pathology Council:  
Dani S Zander MD  
Delegate to College of American  
Pathologists:  
Juliana G Szakacs MD

## Athletics Committee

Consolato Sergi MD, Chair  
Armand B Glassman MD  
Robert L Hunter Jr MD PhD  
Joseph P Laurino PhD

## Awards Committee

Sidney M Hopfer PhD, Chair  
Roger L Bertholf PhD  
Peter M Farmer MD  
Egil Fosslie MD  
Peter C Hu, PhD  
Jonathan Krauss MD  
Juliana G Szakacs MD  
Myra L Wilkerson MD

## Constitution and Bylaws Committee

Charles D Hawker PhD, MBA  
Chair  
Vincent A DeBari PhD  
Laurence N Demers PhD  
Clive R Hamlin PhD  
John Lazarchick MD  
Linda Steel-Goodwin PhD

## Educational Accreditation Committee

Roger L Bertholf, PhD, Chair  
Nicholas Bandarenko, MD

Peter M Farmer MD  
Donald T Forman PhD  
Armand B Glassman MD  
Jonathan S Krauss MD  
Jacek M Polski, MD  
J Allan Tucker, MD

## Ethics and Professional Relations Committee

Vincent A DeBari PhD, Chair  
Donald J Cannon PhD  
Armand B Glassman MD  
Yvette S McCarter PhD  
Joseph C Parker Jr MD  
Martin J Salwen MD

## Historical Committee

Manju Vadmal MD, Chair  
Herbert Derman MD  
Henry A Diederichs MD  
Steven I Hajdu MD  
Charles D Hawker PhD MBA  
John Savory PhD  
Jeno E Szakacs MD

## Membership Committee

Kyle C Kurek MD, Chair  
Joshua Bornhorst, PhD  
M Kent Froberg MD  
Sidney M Hopfer PhD  
Jane F Pascale MD  
Joseph C Parker Jr MD  
Amadeo Pesce, PhD  
L Brannon Thomas MD, PhD  
Myra L Wilkerson MD

## Music and Arts

Myra L Wilkerson MD, Chair  
Philip R Foulis MD, MPH  
Nelson A Gelfman MD  
Frederick L Kiechle MD, PhD  
Kilmer S McCully MD  
Jack W Snyder MD, PhD

## Nominating Committee

Roland Valdes, Jr PhD, Chair  
Roger L Bertholf PhD  
Robert E Brown MD  
Donald T Forman PhD  
Armand B Glassman MD  
Peter C Hu, PhD  
Robert L Hunter Jr MD PhD



Juliana Szakacs, MD

**Publications Committee**

Nina Tatevian MD PhD, Chair  
Robert E Brown MD  
Egil Fosslie MD  
M Kent Froberg MD  
Armand B Glassman MD  
Steven I Hajdu MD  
Frederick L Kiechle Jr MD PhD

**Public Relations Committee**

Clive R Hamlin PhD, Chair

Kathleen A Allen MD  
Charles D Hawker PhD MBA  
Yvette McCarter PhD  
Michael B Morgan MD  
Jack W Snyder MD, PhD

**Program Committee (2013)**

Roger L. Bertholf, PhD, Chair  
Robert L. Hunter, MD, PhD  
James D. Peele, PhD  
Jonathan Hoynes, PhD  
Anwer Siddiqi, MD  
Marsha F. Bertholf, MD

Agnes Aysola, MD  
Yvette McCarter, PhD  
Shahla Masood, MD

**Young Fellows Section**

Joshua Bornhorst, PhD, Chair  
Kyle C. Kurek, MD, Vice Chair

**Officers of the Auxiliary**

Annina McCully, President  
Gerry Savory, Past-President  
Charlotte Cannon, Secretary  
Adrienne Hopfer, Treasurer

**Member's Contributions to the Association of Clinical Scientists during FY 2011/12**

PATRON

Roger L Bertholf PhD  
Robert Hunter MD, PhD  
Jeno E Szakacs MD  
Juliana G Szakacs MD

SPONSOR

M Kent Froberg DVM  
Jonathan S Krauss MD

CONTRIBUTOR

Geza S Bodor MD  
Robert Brown, MD  
Vincent A DeBari PhD  
Peter M Farmer MD  
Dylan Miller MD

Imre A Fischer PhD  
Donald T Forman PhD  
Pete Gitlitz PhD  
Clive R Hamlin PhD  
Ned Hardy MD  
Charles D Hawker PhD, MBA  
Frederick L Kiechle, MD, PhD  
Joseph A Knight MD  
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Estelle E May MD  
Kilmer McCully MD  
Frederick Muschenheim MD  
Richard G Nadeau PhD  
Joseph C Parker Jr, MD  
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Martin J Salwen MD  
Nina Tatevian MD, PhD  
Ta-Jen Wu MD  
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Ernest Adams PhD  
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Seymour Handler MD  
Tetsuya Hirano MD, PhD  
John F Kennard MD  
Atilano Lacson MD  
Arvind K N Nandedkar PhD  
Alex Pappas MD  
William Reid MD  
David Schwartz MD, MS  
Kenneth W Simkowski Sr, PhD  
Dianliang Zang PhD

Total Contributions \$5558

# ***Instructions for Abstracts***

**2014 Annual Meeting of the Association of Clinical Scientists  
May 28-31, 2014, Amelia Island, FL**

## **Contents**

1. Presentations are typically 15 minutes long, unless the presenter is otherwise notified.
2. The abstract should not exceed 300 words.
3. The title should (i) precisely delineate the subject matter; (ii) not exceed 12 words, and (iii) not use proprietary names.
4. The authors' names should be stated as a group, with given names first, followed by surnames. Academic degrees should not be used. The institution and city where the work was done should be stated; departments should not be listed.
5. The introductory sentence(s) should state the objectives and scope of the presentation.
6. The next sentences should describe the design of the study and mention salient test materials, subjects, and procedures. Uncommon abbreviations should be explained.
7. The body of the abstract should present the results and their statistical significance.
8. The final sentence(s) should state the conclusions and their implications. Uninformative sentences (eg, "the work will be discussed") should not be included.

## **Format**

1. The abstract consists of three sections; the first gives the title, author(s), and affiliation(s); the second contains the text; the third states the CME Learning Objectives (see below).
2. The abstract should be prepared using MS Word.
3. The font should be "Times" or equivalent; the font size should be 12 point; left alignment should be used without justifying the right margin; default settings should be used for line spacing; indentations and tabs should not be used. Do not use bold type; use italics only for genus and species.
4. The abstract should not contain tables.

## **Submission**

1. Submit abstracts by e-mail to [roger.bertholf@jax.ufl.edu](mailto:roger.bertholf@jax.ufl.edu). The body of the e-mail message should include the presenting author's complete mailing address, telephone and fax numbers, e-mail address, and whether or not he/she is eligible for the Young Clinical Scientist Award (45 years of age or younger). Alternatively, abstracts may be sent by US Mail, FedEx, or other express delivery service to: Roger L. Bertholf, PhD, Department of Pathology, 655 West 8<sup>th</sup> Street, Jacksonville, FL 32209; voice (904) 244-5076; fax (904) 244-4060.
2. To comply with requirements for CME accreditation by the American Society for Clinical Pathology, each author and co-author must complete and sign a Full Disclosure Form to disclose any relevant financial interests or conflicting relationships. The Full Disclosure Forms may be sent by email (PDF), fax, or regular mail.
3. The abstract must include two or three CME Learning Objectives of the presentation by completing the following sentence: "Upon completion of this activity, participants should be able to..."
4. The deadline for submission of abstracts is **Friday, 24 January 2014**.
5. The presenting author will be notified by e-mail before 15 March 2014 whether or not the paper has been accepted. Accepted abstracts will be printed in the program booklet and published in the *Annals of Clinical & Laboratory Science*.



### Faculty Member/Author ASCP CME Disclosure of Relevant Financial Relationships

Name:

Type of CME Activity (project): Association of Clinical Scientists Annual Meeting

Title of Presentation/Exercise/Case:

Date of Activity: May 28-31, 2014

The ASCP has implemented a process where everyone who is in a position to control the content of a CME activity must disclose to us all relevant financial relationships with any commercial interest and any conflicts of interest must be resolved prior to the CME activity. Information will be reviewed by the appropriate course director, planning/editorial committee chair, or planning/editorial committee members; a determination will be made to manage the conflict with safeguards against any potential bias. This is not intended to prevent participation unless the conflict of interest is determined to be unresolvable. Refusal to disclose means that you relinquish your ability to participate in the CME activity involved.

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. The conflict of interest depends on the situation and not on the character or actions of the individual.

ACCME and ASCP define commercial interests as entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (with the exemption of non-profit or government organizations and non-health care related companies). Financial relationships are those relationships in which the individual or his/her spouse or partner benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (excluding diversified mutual funds), or other financial benefit; these are usually associated with roles such as employment, independent contractor (including contracted research), consulting, speaking and teaching, advisory/review panel or board membership, etc. A relevant financial relationship is one that creates a conflict of interest, in any amount, occurring in the 12 months before the individual assumes a role controlling CME content.

- I do not have, and have not had, any relevant financial relationship with any commercial interests within the past 12 months, as pertaining to this presentation.
- In compliance with the ACCME and ASCP expectation of CME that is independent from commercial influence or bias, I disclose my relevant financial relationships below.

Please list the names of any entities that produce, market, re-sell, or distribute health care goods or services consumed by, or used on, patients, related to the content of your presentation (with the exemption of non-profit or government organizations and non-health care related companies), with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. Please describe what you or your spouse/partner received (ex: salary, honorarium, etc.), but not the amount, and describe your role.

#### Nature of Financial Relationship (include all that apply) Relevant to the Content of the CME Activity that You Are Developing

Commercial Interest	What was received	For What Role?
Example: Company X	Example: Honorarium	Example: Speaker

#### Content Validation Expectations for CME Activities

- All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Please go to next page.



Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the ASCP project manager as soon as possible.

**Agree    Disagree**

- I have disclosed to the ASCP all relevant financial relationships, and I will disclose this information to learners verbally (for live activities) and in print.
- The content of this CME activity and supplemental materials will promote quality or improvements in healthcare and not a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and unbiased.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax to: **ASCP Education, 312-541-4768**  
Mail to: **ASCP Education, 33 W Monroe St., Suite 1600, Chicago, IL 60603**

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### Explanations to Accompany ASCP Full Disclosure Form

*Note: this completed form must be provided by each author for each abstract being submitted to the Association of Clinical Scientists.* The ASCP has implemented a process where everyone who is in a position to control the content of a CME activity must disclose all relevant financial relationships with any commercial interest and any conflicts of interest must be resolved prior to the CME activity. Information will be reviewed by the appropriate course director, planning/editorial committee chair, or planning/editorial committee members; a determination will be made to manage the conflict with safeguards against any potential bias. This is not intended to prevent participation unless the conflict of interest is determined to be unresolvable. Refusal to disclose means that you relinquish your ability to participate in the CME activity involved.

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. The conflict of interest depends on the situation and not on the character or actions of the individual.

ACCME and ASCP define commercial interests as entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (with the exemption of non-profit or government organizations and non-health care related companies). Financial relationships are those relationships in which the individual or his/her spouse or partner benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (excluding diversified mutual funds), or other financial benefit; these are usually associated with roles such as employment, independent contractor (including contracted research), consulting, speaking and teaching, advisory/review panel or board membership, etc. A relevant financial relationship is one that creates a conflict of interest, in any amount, occurring in the 12 months before the individual assumes a role controlling CME content.

In August 2007, the Accreditation Council for Continuing Medical Education (ACCME) took action to modify its definition of a commercial interest. In addition to “producing” healthcare goods or services, the acts of “marketing, re-selling, or distributing” healthcare goods or services were added to the definition. The complete definition reads: *A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.* The intent was to ensure that accredited CME and eligibility to be accredited be kept separate and independent from commercial interests, as required by the ACCME Standards for Commercial Support<sup>SM</sup>.

The ACCME has always recognized that providers of clinical services directly to patients, such as hospitals, health systems, medical group practices, blood banks, and diagnostic laboratories, are an integral component of accredited CME in that they represent the provision of CME by the profession for the profession. Therefore, those entities have been deemed NOT to be commercial interests. This revised definition from August 2007 removed the large corporations like Quest, LabCorp, etc. from the list of commercial interests.

## Corporate Contributors

The Association of Clinical Scientists acknowledges generous contributions from the following corporations to support the Association's 2013 Annual Meeting:

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ASSOCIATION OF CLINICAL SCIENTISTS  
c/o ASCP  
33 West Monroe St, Suite 1600  
Chicago, IL 60603