



## Voice of the Customer Executive Summary

By Anne Marie Mullin, V.P., Business Development and Marketing

There are always mixed feelings when making a commitment to put one's company through the scrutiny of a customer survey. Just like an annual performance review or the high school report card, anxiety goes hand-in-hand with being graded. But there are always those who

look forward to the review because they work hard through the year and the good grade is the reward. We hoped our grade would reflect our efforts. Our customers would soon let us know.

CEO Michael R. O'Leary, M.D., determined that much could be gained by taking a look at our company from the customer's perspective. During late January and early February 2009, Laboratory Alliance engaged the services of a research and marketing company to perform a Voice of the Customer survey. While we are very pleased with the results, we will now use this feedback to make our company even better in the eyes of our customers.

Dr. O'Leary and I worked with the firm Vincent McCabe, of Skaneateles, N.Y., to develop a research instrument appropriate for our company. We received completed surveys from 97 individuals at 88 different physician practices and health care entities. Respondents represented a broad range of titles from CEO to physician to medical assistant at small practices to the very largest facilities. Our full range of laboratory services was well represented among the respondents. Clients who responded to the survey used both in-practice specimen

collection and referral to our patient service centers (PSC's).

### What did we learn?

Our actual scores are posted on the home page of our Web site at [www.laboratoryalliance.com](http://www.laboratoryalliance.com). Overall, we are proud of the impressions our customers have of us. The top 10 phrases that come to mind when referring to Laboratory Alliance are fast/efficient, good/positive, reliable, friendly, focused on the customer, local, convenient, professional, dependable, and a quality lab. It takes more than marketing to earn impressions like this — I believe this is a reflection on every hard-working Laboratory Alliance employee.

We also earned a great score on overall impression of our service offering to the health care provider and to their patients. That's who we're working for, after all. Fortunately, the vast majority of respondents would recommend Laboratory Alliance to a colleague or friend, which is helpful to know in these challenging economic times.

Our customers said that our PSC locations and hours of operation are good or excellent. We have a total of 12 PSCs throughout Central New York and we believe convenience is critical in selecting our locations and setting our hours. Recently we have added Saturday hours at a couple of these locations to accommodate patient needs and we will be adding Saturday hours at our PSC at North Medical Center beginning September 12.

We asked our health-care customers about feedback they receive about us from their patients. There were no reports of negative feedback about Laboratory Alliance and most received positive comments. Also important to our health-care customers is our customer service staff availability and this they rated good to excellent.

We were pleased to learn that we have had a significant increase over past years in customers accessing our Web site and using our online Directory of Services. The results from this question also told us that we should work toward increasing this number even more, so it is an area to look at for future marketing efforts.

Helpful information also came in negative feedback. We heard from those who have had a customer service issue with our company. While most told us that the issue was resolved in a timely manner and was not repeated, it is this negative feedback that offers us opportunities for improvement since every complaint should be viewed as a gift.

Feedback is good. We would prefer our customers tell us throughout the year how we are doing and what we could do better, rather than waiting for the next customer survey. It's as easy as sending an e-mail, picking up the phone or speaking with an account representative at his or her next visit. Communication is critical because if we don't take care of our customers, we know that someone else will.



### IN THIS ISSUE

Page 2

Juliane Breh Honored  
at CLMA Event

Page 3

Community Outreach

Page 4

Lyme Testing

Page 6

Medicare Guidelines  
for Laboratory Tests

Page 7

LA Newsmakers

Page 8

Calendar of Events



*Laboratory Alliance CEO Michael O'Leary, M.D., (left) recently met with Executive Director of the New York Biotechnology Association (NYBA) Nathan Tinker and Immediate Past Chairman of NYBA Robert Van Nostrand. NYBA is the leading advocate for advancing the success of the biotechnology industry in New York state and is its main representative to policy makers, the media and related communities. NYBA's mission is to support the development and growth of New York's biotechnology industry, and serve its members and the biotechnology community by providing a network for information exchange, shared services and collective action. NYBA's membership is comprised of bioscience companies, research institutions and related professional services. For more information on NYBA programs and initiatives, visit their Web site at [www.nyba.org](http://www.nyba.org).*

## Welcome to Our New Clients

**Advanced OB-GYN, PLCC**  
Auburn, New York

**Center for Humanized SCID Mouse Models  
at Upstate Medical University**  
Syracuse, New York

**Eastside Dental Specialists**  
Fayetteville, New York

**St. Joseph's Imaging Associates**  
Camillus, New York

## Laboratory Alliance Invited to Speak at Molecular Diagnostics Program

Molecular diagnostics can detect many types of diseases at the earliest stages and are expected to be among the highest growth opportunities within the larger field of In-Vitro Diagnostics. Clinical use of these tests promises to improve patient outcomes and lower overall health-care costs. Yet, molecular diagnostics for clinical use are only now emerging and many factors are interacting to both advance and delay the adoption of these innovations in clinical practice.

Clinical laboratories are one of several industries that rely on molecular diagnostics. Vice President of Business Development and Marketing **Anne Marie Mullin** discussed the role it plays at Laboratory Alliance when she participated in a panel at "The Future of Molecular Diagnostics," held June 18 in Rochester, N.Y.

Mullin outlined Laboratory Alliance's perspective on adopting and offering molecular diagnostics, and the company's future strategy, at a panel discussion titled "Clinical and Business Cases for Molecular Diagnostics." Other presenters included researchers, clinicians, medical device manufacturers, health care insurers and representatives of companies that are investing in break-through molecular diagnostic technologies.

## Juliane Breh Honored at ThinkLab '09



Manager of Transfusion Services **Juliane Breh**, MT(ASCP), was honored at the Clinical Laboratory Management Association (CLMA) ThinkLab '09 Convention held in May in Tampa, Fla. She received the Lyle Rosser, Jr. Continuing Education Scholarship sponsored by BD.

Originally granted for attendance at the CLMA ThinkLab '08 National Convention in Atlanta, Ga., ThinkLab '08 was canceled due to excessive damage to the convention center by a tornado a week before the event. Through the generosity of CLMA and BD, Breh was able to roll over her scholarship for attendance at the ThinkLab '09 Conference.

For more information about ThinkLab, visit [www.clma.org](http://www.clma.org) and click on 'education.' To learn more about BD and the Lyle Rosser Jr. Continuing Education Scholarship, visit [www.bd.com](http://www.bd.com) and search for 'Rosser.'

Since receiving the 2008 scholarship award, Breh has been elected to the Board of Directors of the Central New York Chapter of CLMA and is a member of the CNY CLMA Education Committee. She was also appointed to the Task Force for the National CLMA Young LAB Committee and has since been appointed to the National CLMA Professional Development Committee. Breh has also made several local transfusion medicine educational presentations in cooperation with the Blood Banks Association of New York State (BBANYS) and has been recently appointed to the BBANYS Membership Committee.

## TRAINING

### Laboratory Alliance Participates in Science Horizons Summer Program

By **Lonnie Stallcup**, Education Services Manager

Medical Technologists **Heidi Andre** and **Linda Stallcup** and Education Services Manager **Lonnie Stallcup** represented Laboratory Alliance at the Syracuse University/Bristol-Myers Science Horizons event on Monday, July 6.

The brightest of Central New York's middle school students with strong interest in science were invited to attend. This was Laboratory Alliance's first year of participation in the event. There was great interest in Laboratory Alliance's presentations. Not only does this event generate curiosity about clinical laboratory science in the students, but it also allows Laboratory Alliance to showcase its capabilities and expertise to the community.



*This photo appeared in the Syracuse Post-Standard on July 7. Pictured are Asha Kurain (left), age 14, from Lyncourt School participating in a summer program at Syracuse University, working with Laboratory Alliance Medical Technologist Heidi Andre (right).*

*C. Paris - The Post-Standard*

### Lonnie Stallcup Recognized for Work with Students by Partners in Education & Business



Education Services Manager **Lonnie Stallcup** was named Business Leader of the Year for his work with middle and high school students by the Partners for Education & Business, Inc., at its annual awards ceremony held May 21 at the Rosamond Gifford Zoo at Burnet Park.

Laboratory Alliance received the Business of the Year Award in 2008, recognizing its longtime commitment to community outreach and education.

Stallcup heads a team of Laboratory Alliance employees that visited more than 17 local junior and senior high school career fairs during the 2008-09 school year to promote clinical laboratory science.

Laboratory Alliance also participates in MASH Camps for middle school students at area hospitals and participates in community and employer health fairs and expositions.

Stallcup, who joined the company in 1998, was recognized for his

exceptional rapport with students. In the event program, he was described as follows: "He is passionate about his work and the students feel it. They get excited when he is at events and his hands-on displays make him even more popular. Lonnie is an inspiring leader and is determined to reach the youth of today. Lonnie has truly gone above and beyond the call of duty with his undying commitment to sharing his talent with local school districts."

Partners for Education & Business, Inc. is a consortium of Central New York school districts, businesses and employers, higher education institutions, government and community groups, all working together to blend the needs of business with the academic success of students.

Its mission is to enlighten students on career options and to customize workforce training. It is committed to increasing the pool of eligible students and job seekers who will consider health careers and achieve the foundational skill levels required for these vocations. Participation provides valuable job shadowing experience for interested middle and high school students.

"Lonnie's commitment to training has made Laboratory Alliance a leader in educating our youth," says Anne Marie Mullin, vice president of business development and marketing. "We are proud of his involvement in Partners for Education & Business, Inc. as it is truly a collaboration where both the business and the schools benefit. Students gain knowledge of careers, Laboratory Alliance provides a worthwhile community service, and the program stimulates interest in laboratory medicine as a career."

Stallcup resides in Liverpool with his wife, Linda, a Laboratory Alliance medical technologist, and their four children, Elyssa, Ethan, Christian and Daniel.





## Getting the Bugs Out of Lyme Testing

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

Spring and summer are key seasons for Lyme disease, the most common tick-borne illness in the United States. Transmission occurs via the bite of a deer-tick infected with the spirochete bacterium, *Borrelia burgdorferi*.

Early symptoms appear 3 to 30 days after exposure and may include fatigue, fever and chills, headache, muscle and/or joint pain, swollen lymph nodes and circular bull's eye rash (erythema migrans).

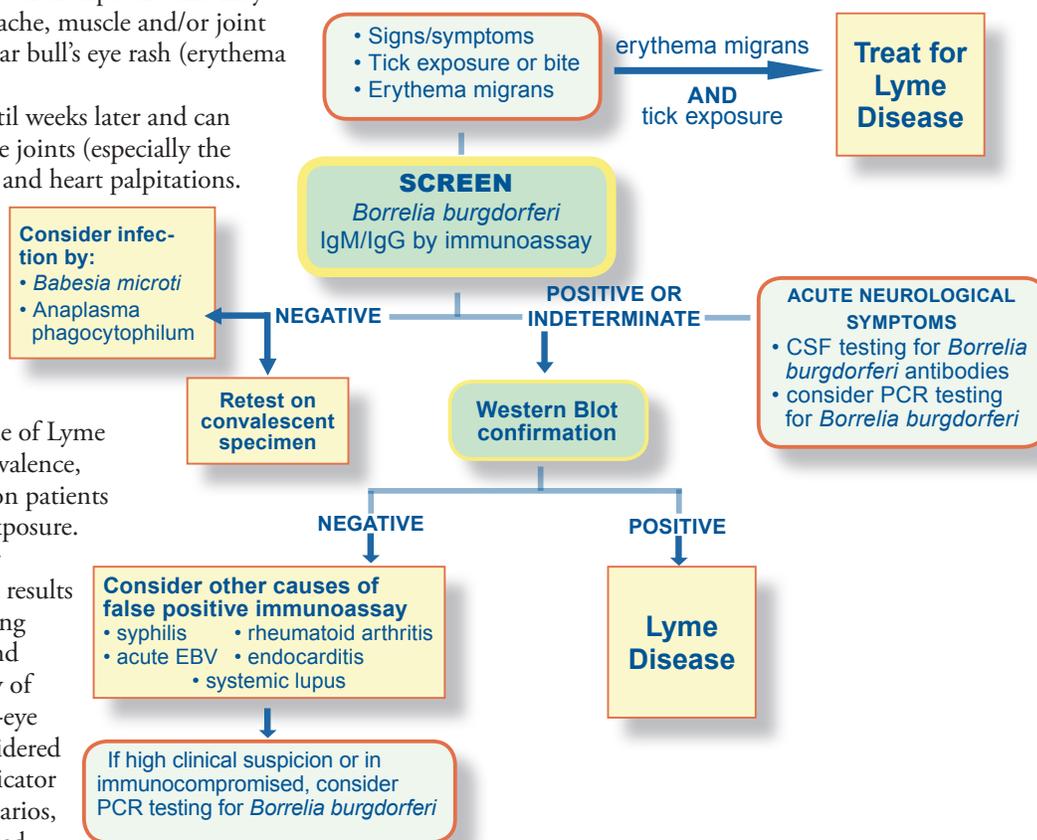
Late symptoms may not appear until weeks later and can include migratory arthritis of the large joints (especially the knees), nervous system abnormalities and heart palpitations.

The current standard for Lyme disease testing is serological immunoassay for antibodies against *Borrelia burgdorferi*. To the right is a two-step algorithm based upon recommendations by the Centers for Disease Control (CDC).

Because the positive predictive value of Lyme testing is dependent upon disease prevalence, screening should only be performed on patients with symptoms and/or known tick exposure.

Because Lyme bacteria incubate for anywhere from 3 to 30 days, negative results may occur with early testing. According to the National Institute of Allergy and Infectious Disease (NIAID), a history of deer-tick exposure, followed by bull's-eye lesion with flu-like symptoms is considered to be the most reliable diagnostic indicator of Lyme disease. In these clinical scenarios, presumptive treatment is recommended.

Unfortunately, 20 to 40% of patients never develop the characteristic rash, making diagnosis more challenging. However, the CDC states that Lyme disease can be effectively ruled out if the results for both tests are negative in a patient that has had Lyme-like symptoms for more than three weeks.



## New Guidelines for Lead Testing

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

Lead has been proven detrimental to growth, behavior and learning ability in children. Most children have had some exposure to lead from old paint, soil, plumbing and other sources.

Therefore, the New York State Department of Health (NYSDOH) mandates blood lead testing in all children at age 1 year and again at age 2 years. Children up to age 6 should be screened for lead exposure at every well child visit and tested as deemed necessary.

National guidelines from the Centers for Disease Control and Prevention (CDC) aim to maximize the identification of children with lead poisoning. In compliance, the NYSDOH has issued amended public health laws and guidelines for lead testing and

reporting in children. They can be found at [www.health.state.ny.us/environmental/lead/](http://www.health.state.ny.us/environmental/lead/).

Historically, the blood lead level action threshold in children has been 10 mcg/dL. However, recent studies have shown that blood lead levels 5-9 mcg/dL have been associated with adverse health effects in children 6 years and younger. Blood lead levels less than 10 mcg/dL should no longer be considered "normal."

Additionally, NYSDOH now requires health care providers to confirm a child's capillary blood lead test result of  $\geq 10$  micrograms per deciliter (mcg/dL) using a venous blood sample. This represents a modification of the previous regulation, which required confirmation of capillary test results above 15 mcg/dL.

For information on lead exposure in adults, the NYSDOH provides a useful guide to providers at [www.health.state.ny.us/publications/2584.pdf](http://www.health.state.ny.us/publications/2584.pdf).

# MICROBIOLOGY NEWS



## Swine Flu? In A Pig's Eye

By Paul A. Granato, Ph.D., Director of Microbiology

Each year, April and May typically mark the “wind down” of the viral respiratory season, particularly for influenza. Because the incidence of influenza is highest

during the winter and spring seasons of the year, it is often referred to as seasonal flu.

In April of this year, the situation was drastically different as a new strain of influenza emerged, called novel swine-origin influenza A (H1N1) virus (S-OIV) or simply H1N1 virus that was first documented as a cause of human infection in Mexico. This novel strain of influenza resulted from the triple reassortment of swine influenza viruses containing the genes from avian, human and swine influenza viruses that first emerged in the late 1990s and eventually became enzoonotic in pig herds in North America.

When the outbreak of S-OIV first occurred in Mexico, public health officials in the United States were justifiably concerned about the potential seriousness of this disease for several reasons. First, the initial experiences of this disease in Mexico showed an extremely high mortality rate of over 16%. Influenza infections typically have a mortality rate of less than 0.1%.

Second, this particular strain of influenza was resistant to the antiviral medications that were normally used to treat seasonal flu. As such, it was of critical importance for laboratories to reliably distinguish between infections caused by S-OIV and seasonal influenza because the appropriate antiviral therapies were entirely different.

And, finally, because the S-OIV was a novel influenza strain, it was never part of any influenza vaccine and public health officials were concerned that the general population may have no immunity to infection which could result in exorbitantly high rates of morbidity and mortality.

To put the public health concerns in perspective, in a typical six month “flu season,” nearly 20% of the U.S. population becomes infected with influenza virus resulting in 200,000 hospitalizations and approximately 36,000 deaths. When a pandemic flu season occurs, as was documented with the Spanish flu of 1918, a global disaster can result. In the 1918 influenza pandemic, 33% of the world's population — over 500 million people — became infected that resulted in a worldwide death toll estimated between 50 to 100 million people.

Because we live in an age of jet travel, soon after the first reports of infection were documented in Mexico, S-OIV spread quickly throughout the United States and Canada. By June, the disease had spread globally involving over 70 countries. This prompted the World Health Organization to issue a worldwide pandemic alert level to Phase 6 (the highest alert level) on June 11, 2009. This action was a reflection of the rapid spread of the virus and its highly infectious nature, not the severity of the illness caused by the virus. Fortunately, the high mortality rates experienced in Mexico have not been seen in other countries as the mortality rate has remained at a typically low level.

On July 10, the Centers for Disease Control published its most recent numbers of human cases of H1N1 Flu infections for the season. In the United States, a total of 37,246 cases of human infection have been documented to date with 211 deaths. Surprisingly, most cases were reported by Wisconsin (6,031) followed by Texas (4,463) and then New York (2,582). New York state had the most deaths recorded with 52. The reason for this disproportionately high mortality rate in New York State is unclear.

The public health response at the federal, state and county levels was highly commendable in providing an effective leadership role in communicating information to the public and issuing health advisory mandates to physicians and other health care practitioners. In addition, clinical microbiology laboratories provided a critical role in identifying patients infected with influenza virus and then determining whether their disease was caused by S-OIV or seasonal flu. As mentioned previously, this determination was essential in selecting the appropriate choice of antiviral therapy.

As summer continues, the prevalence of S-OIV is decreasing in our community. However, as the fall viral respiratory season approaches, another outbreak of S-OIV may occur or another new influenza virus may emerge as a significant cause of human infections.

To protect against a resurgence of disease caused by S-OIV, the federal government is taking aggressive steps to manufacture an effective candidate vaccine. Making such a vaccine is a long, multi-step process requiring several months to complete. With the availability of the vaccine, our population can be vaccinated to hopefully prevent a recurrence of this pandemic disease.



## “Never, ever quit”

In January, we lost our colleague **Joe Bertolero** to cancer. He worked in our Microbiology Department and his specialty was Molecular Diagnostics.

Our employees contributed money and, with support from Laboratory Alliance, purchased a beautiful

bench in Joe's memory. The bench was placed at Hematology Oncology Associates on the first floor in the main lobby. Executive Assistant **Penny Reynolds** sits on the bench in its location next to the elevator in the hallway that leads to radiation therapy. The plaque reads “In Loving Memory of Joe Bertolero. 1965-2009. Never, ever quit.”



## Medicare-Imposed Frequency Limitations for Certain Laboratory Tests and Medicare-Approved Panels

By Nancy Sniffen, Director of Billing & Compliance

The Centers for Medicare & Medicaid Services (CMS) have included frequency limitations in many of the National Coverage Decision (NCD) and Local Coverage Decision (LCD) policies governing specific laboratory tests. The frequency limitations indicate that Medicare will pay for certain testing under specific circumstances at specific intervals. An Advance Beneficiary Notification (ABN) should always be signed by the patient for those tests with frequency limitations because it is not always possible to know for certain the last time a specific test was performed for a patient.

Here are some tests that have frequency limitations:

### Erythrocyte Sedimentation Rate

(ESR) – A frequency of more than one per week will be denied.

### Fecal Occult Blood, Screen

– No more than once per year for people over the age of 50.

### Prostatic Specific Antigen (PSA), Screen

– No more than once per year for men over 50 years of age.

**Pap Test, Screening** – High risk patient – once every 12 months;  
Low risk patient – once every 24 months.

### Medicare Approved Panels

The table to the right includes the Medicare-approved panels. General Health and Obstetric Panels are not Medicare-approved panels.

The following test abbreviations are not acceptable: Chem 6 or 7; SMAC 6; SMA6; C-6 or 7; Chem 12; Chem 14.

If one of these abbreviations is used when a test request is submitted to us, our staff has been instructed to call and verify the approved panel you want ordered.

Panel Name	Individual Components	Panel CPT Code	Lab Order Code
Acute Hepatitis	Hepatitis A Antibody, IgM / 86709 Hepatitis B Core Antibody, IgM / 86705 Hepatitis B Surface Antigen / 87340 Hepatitis C Antibody / 86803	80074	
Basic Metabolic Panel	BUN / 84520 Calcium, Total / 82310 Carbon Dioxide / 82374 Chloride / 82435 Creatinine / 82565 Glucose / 82947 Potassium / 84132 Sodium / 84295	80048	BMP
Comprehensive Metabolic Panel	Albumin / 82040 Alkaline Phosphatase / 84075 Bilirubin, Total / 82247 BUN / 84520 Calcium, Total / 82310 Carbon Dioxide / 82374 Chloride / 82435 Creatinine / 82565 Glucose / 82947 Potassium / 84132 Protein, Total / 84157 Sodium / 84295 SGOT (AST) / 84450 SGPT (ALT) / 84460	80053	CMP
Electrolyte Panel	Carbon Dioxide / 82374 Chloride / 82435 Potassium / 84132 Sodium / 84295	80051	LYT
Hepatic Function Panel	Albumin / 82040 Alkaline Phosphatase / 84075 Bilirubin, Direct / 82248 Bilirubin, Total / 82247 Protein, Total / 84157 SGOT (AST) / 84450 SGPT (ALT) / 84460	80076	HFP
Lipid Panel	Cholesterol / 82465 HDL, / 83718 LDL, Calculated Triglycerides / 84478	80061	RSK
Renal Function Panel	Albumin / 82040 BUN / 84520 Calcium, Total / 82310 Carbon Dioxide / 82374 Chloride / 82435 Creatinine / 82565 Glucose / 82947 Phosphorus / 84100 Potassium / 84132 Sodium / 84295	80069	RFP

# LA NEWSMAKERS

## New Employees

Please welcome our new employees

**At our Corporate Offices**

**Anne-Marie Kohler**, Controller

**At our Operations Center**

**Alysia Freshcoln**, Laboratory Office Assistant  
**Christian Janowski**, Laboratory Office Assistant  
**Stephanie Mahoney**, Laboratory Office Assistant  
**Norman Obrist**, Courier

**At our Rapid Response Laboratory at Community General Hospital**

**James Oppedisano**, Laboratory Office Assistant

**At our Rapid Response Laboratory at Crouse Hospital**

**Kate Corona**, Administrative Assistant  
**Charles Mullane**, Anatomic Pathology Processor  
**Jeffrey Raiti**, Anatomic Pathology Processor

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

**Margaret Barr**, Administrative Secretary  
**Jillian Harris**, Laboratory Office Assistant  
**Danielle Sagor**, Laboratory Office Assistant

## Employee Anniversaries

**July, 5 years:**

**Dominoe Clay**

**August, 5 years:**

**Mary Kay Moore**

**September, 5 years:**

**Frances Schneider**

**October, 5 years:**

**Cara Johnson**

**Marjorie Robertson**

**Thomas Ross**

**July, 10 years:**

**Dawn Nappa**

**August, 10 years:**

**Li Chen**

**Lisa Gilbert**

**David Mineo**

**Jenni Vosburgh**



Director of Information Systems **Gina Potenza** was a presenter at the annual Sunquest User Group (SUG) meeting in August in Scottsdale, Ariz. Sunquest, makers of our laboratory information system software, invited Gina to discuss Business Continuity

Planning for Laboratories.

Her program focused on key points and objectives for creating an effective business continuity program (BCP) in a laboratory, including resourcing the program, testing, plan maintenance and measurement. As Laboratory Alliance's Business Continuity Planner, Gina has learned that a successful BCP reduces the impacts to customers and patients, increases competitiveness, better prepares labs to react to an event, and builds BCP into the culture of a laboratory. Her program communicated the value of business continuity planning and helped to ensure labs can be more prepared to react to disaster when it hits.

## Congratulations



**Randy Kalish, M.D.**, Director of Laboratories and Chairman of the Department of Pathology at St. Joseph's Hospital Health Center, and his golf team recently won the Vincent Day Opening Event golf tournament held at Onondaga Golf and Country Club in Fayetteville, N.Y. Team members included Terry Moore, Matt Schiro and Jim Breuer.



**Anne Marie Mullin**, Vice President of Business Development and Marketing, was elected to the board of Contact Community Services, Inc. and the Mental Health Association (MHA) of Onondaga County. An active volunteer and member of the board of directors of the MHA for several years, she served as president of the MHA board for the past year and was a key player in the recent consolidation of services between the MHA and Contact. The two organizations consolidated their governance, management and administrative functions to cut costs. To learn more, visit [www.contactsyracuse.org](http://www.contactsyracuse.org) and [www.mha-oc.org](http://www.mha-oc.org).

## IN THE NEWS



The June 15, 2009, issue of the *Clinical Microbiology Newsletter* (Vol. 31, Issue 12) includes an article co-authored by Laboratory Alliance's **Russell Rawling**, M.S. M(ASCP) SM, RM (NRM) SM and **Paul A. Granato, Ph.D.**, Microbiology Department and Department of Microbiology and Immunology, SUNY Upstate Medical University, Syracuse,

N.Y. Joseph B. Domachowske, M.D. was the third co-author of the case report titled "Pneumococcal Arthritis in a Child." For a copy of the report and discussion relating to the topic, contact Dr. Granato by e-mail at [paulgranatophd@lacny.com](mailto:paulgranatophd@lacny.com).

ADVANCE FOR ADMINISTRATORS OF THE  
**LABORATORY**

Director of Microbiology

**Paul A. Granato, Ph.D.**,

DABMM, FAAM, was

interviewed by the online

magazine *ADVANCE for Administrators of the Laboratory* on the topic of "What Can We Learn From the H1N1 Outbreak?"

Posted on June 2, his interview, which also includes a webcast, can be found at <http://laboratorian.advanceweb.com/Article/What-Can-We-Learn-From-the-H1N1-Outbreak-2.aspx>

Dr. Granato, professor of pathology and microbiology at Upstate Medical University, is the author of more than 70 scientific articles, book chapters and books. He also serves as co-editor of the *Clinical Microbiology Newsletter*. He is a national presenter on the topic of the *E. coli* bacteria.

# CALENDAR OF EVENTS

- Wednesday, Sept. 9**     **Community General Hospital Auxiliary 10th Annual Fall Swing,** West Hill Golf Course. *Laboratory Alliance is a corporate sponsor.*
- Friday, Sept. 11**        **St. Joseph's Hospital Foundation 17th Annual Golf Classic,** Turning Stone Resort and Casino. *Laboratory Alliance is a corporate sponsor.*
- Saturday, Sept. 12**     **Laboratory Alliance Clambake,** Spinning Wheel Restaurant, North Syracuse.
- Monday, Sept. 21**        **'September Song' to benefit the foundation of Hospice of CNY,** Syracuse Stage. *Laboratory Alliance is a corporate sponsor.*
- Friday, Sept. 25**         **Crouse Health Foundation's 'Tribute Evening Gala,'** Oncenter *Laboratory Alliance is a corporate sponsor.*
- Wednesday, Oct. 14**    **'There's No Place Like Home' fundraiser to benefit Francis House,** NYS Fairgrounds. *Laboratory Alliance is a corporate sponsor.*
- Thursday, Oct. 29-  
Friday, Oct. 30**         **CNY CLMA Annual Meeting,** Turning Stone Resort and Casino. *Laboratory Alliance is corporate sponsor.*

## BBANYS Appointments



**Rachel Elder, M.D.,** (right) Laboratory Director at the Rapid Response Laboratory at Crouse Hospital, has been elected president of the Blood Banks Association of New York State, Inc., (BBANYS) at its annual meeting held June 4 in New York City.

**Michael Graber, M.D.,** (center) pathologist at our Rapid Response Laboratory at Community General Hospital, was named editor of the BBANYS newsletter.

**Barb Gonnella, MT(ASCP),** (left) Manager of Special Projects in Transfusion Services at Laboratory Alliance, has been elected as a new board member of BBANYS.

## The laboratory professionals in your neighborhood

**will be open on Saturdays beginning Sept. 12!**

When your health care provider orders laboratory tests, visit our convenient Patient Service Center on West Taft Road



**North Medical Center**  
5100 West Taft Road, Suite 2F  
(315) 452-2280

Monday - Friday 7 a.m. - 5:30 p.m.

*Beginning Sept. 12*  
Saturday 8 a.m. - noon

Free parking, close to building • No appointments necessary  
Most medical insurance plans accepted  
Prompt, courteous and in your neighborhood  
[www.laboratoryalliance.com](http://www.laboratoryalliance.com)



**LABORATORY ALLIANCE**  
of Central New York, LLC

## LABLines

is a quarterly publication by  
LABORATORY ALLIANCE of CNY.

Comments, suggestions or inquiries should be directed to  
**Anne Marie Mullin, Vice President of Business Development and Marketing,** (315) 461-3036,  
or by e-mail to  
[annemariemullin@lacny.com](mailto:annemariemullin@lacny.com).