



Making the Most of Customer Complaints

By Michael R. O'Leary, M.D., Chief Executive Officer, Director of Laboratories

I wrote this article a number of years ago, and I thought that it would be a good idea to reprint it, as a reminder to all of the importance of swiftly reacting to customer complaints. Following is the original article.

An article with the same title recently appeared in the *Wall Street Journal*. It quickly caught my eye since our company prides itself on our excellent customer service. We receive compliments from all sectors of our business: patients, providers, hospitals, and nursing homes, to name a few. I'm not naïve enough though, to believe that we do not have occasional service lapses. No one and no organization is perfect. That's not an excuse, it is simply a fact. That is precisely the reason why it is crucial for companies to realize that the way they handle customer complaints is every bit as important as trying to provide great service in the first place. By speaking up when they have not received the service that they expected, our customers provide us with an opportunity to fix problems and restore goodwill. If they didn't speak up, how would we know that there was a problem?

Customer complaints are a window into the customer's perception of a company. Experts tell us that virtually all satisfied customers are silent. Many dissatisfied customers are silent as well. Studies reveal that only 1 in 10 customers who want to complain actually do. Complaints should be considered as gold because we get so few of them. There is a big difference between the people who complain and those that don't. Those customers that point out shortcomings in our service want us to do better. Those unsatisfied customers that don't complain to us will complain about us to their families, friends and even strangers. They do not provide us with an opportunity to fix the problem that they see.

Service Recovery

Customers are constantly judging companies for service failures, both large and small, from bug-ridden software to a hamburger served

cold. Studies have shown that customers judge the company first on how it handles the problem and then on its willingness to make sure that *similar problems don't happen* in the future. Unsatisfied customers are far less forgiving of the latter. Fixing breakdowns in service, commonly referred to as "service recovery," has an enormous impact on customer satisfaction, repeat business and ultimately on a company's success and growth. Customers often want to know, within a reasonable time, not only that their problem has been resolved, but how the failure occurred and what the company is doing to make sure that it doesn't happen again.

Often, a customer's faith can be restored using this approach. Experts have noted a phenomenon known as a "recovery paradox," in which customers can be more delighted by a skillful service

recovery than they are by service that was failure-free! However, there is a dangerous flip side to this phenomenon: customers have *more* tolerance for poor service than for poor *service recovery*. Experts warn about if a customer experiences a second failure of the same service, there is *no* recovery strategy that works, and in all likelihood, that customer will be lost forever. Research suggests that after a failed service recovery, what annoys and even angers customers is *not* that they weren't satisfied, but that they believe the system remains *unchanged* and likely to fail again.

You as a customer service rep!

Customer complaints are strictly the purview of customer service personnel, correct? Wrong! Everyone in our company must be involved in the receipt and resolution of complaints. While these may often be a headache, when resolved

skillfully and successfully, they can lead to loyal customers. As to how to handle a complaint firsthand, I found a clever acronym at a local hospital – **LAST**.

It stands for:

Listen
Apologize
Solve
Thank

Studies reveal that only 1 in 10 customers who want to complain actually do. There is a big difference between the people who complain and those that don't. Those customers that point out shortcomings in our service want us to do better. Those unsatisfied customers that don't complain to us will complain about us to their families, friends and even strangers!

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Role of Screening Critical to Controlling Healthcare Costs

By Anne Marie Mullin, Senior Vice President

The more that you and your doctor know about your health, the better prepared you will be to plan the next steps. Your decisions are often dependent on reliable laboratory test results. Laboratory tests make up an estimated 70 percent of a patient's medical record and are vital to the diagnosis and treatment of illness and disease. Laboratory testing, however, only consumes about 2 percent of all Medicare spending.

Screening is playing an increasing role in the prevention and early detection of disease, and is a far more economical alternative.

In March, the American Diabetes Association released the latest data on the cost of diagnosed diabetes during the year 2012: an estimated \$245 billion — up 41 percent from 2007. The biggest cause of concern is the rising prevalence of the disease, with projections that one in three adults will have diabetes by 2050. The study found that medical expenditures for people with diabetes are more than double the costs for those without diabetes, and that the total direct costs of diabetes is \$176 billion, with another \$69 billion in losses due, in part, to work absenteeism.

Diabetes will place a huge economic burden on this country, yet it is one of many diseases that can be prevented or controlled through early diagnosis.

Let's compare costs. A blood test called hemoglobin A1C can detect diabetes and costs about \$30. The diagnosis is based on elevated blood glucose levels and A1C is a marker of chronic hyperglycemia, reflecting average blood glucose levels over a two-to-three month period. If the A1C level is 6.5 percent or greater, the diagnosis is diabetes, or if the level is 5.7 to 6.4 percent, that would indicate that blood glucose levels are in the pre-diabetic range and the person has an increased risk of developing type 2 diabetes, heart disease and stroke if left untreated.

This \$30 test enables doctors to set patients on a course to prevent a disease that can lead to a heart attack, which costs \$28,000, or kidney dialysis, which costs about \$82,000 per year, according to the American Clinical Laboratory Association.

Laboratory tests offer the most cost-effective, least invasive source of information used in clinical decision making. With proven results.

The American Cancer Society just released numbers showing there has been a 75 percent drop in the mortality rate from cervical cancer over the past 50 years, in a large part because of early screening with the Pap test. Someday we may be able to say the same for diabetes.

Laboratory professionals continue to work behind the scenes, performing critical testing

to save lives and help control the cost of care. When more people take advantage of options for prevention, which includes screening, we will change the numbers.

Anne Marie Mullin was a guest columnist for the June issue of Syracuse Woman Magazine, online at syracusewomanmag.com/swm/?p=1160. She submitted this article for the Healthy Woman column which was focused on Controlling Healthcare Costs Through Prevention.

Reputable Sources Offer Tips for Living with Diabetes

By Danny Ho, Information Systems Technician II

If you or a loved one is diagnosed with Type 2 Diabetes, eating well takes practice and planning. There are many reputable information sources, including the American Diabetes Association (ADA) website at diabetes.org.

Your own healthcare professional is the best source for information that is right for YOU.

Following are some helpful guides for living with diabetes from the ADA:

A good balance of the right foods, along with regular exercise and your prescribed medications, can help you feel better and stay healthier. Work with your doctor and dietitian to create a meal plan that:

- works with your schedule
- keeps your weight on track
- improves your blood glucose, blood pressure, and cholesterol numbers.

Learn more about the following topics by clicking on helpful links on the ADA website:

FOOD

Carbohydrate Counting

Set your carbohydrate limit and keep your blood glucose levels in your target range

Glycemic Index and Diabetes

Use the glycemic index (GI) to measure how a carbohydrate-containing food raises blood glucose.

Meal Planning for Vegetarian Diets

A vegetarian diet is a healthy option, even if you have diabetes. Follow a vegetarian diet to help prevent and manage diabetes.

Create Your Plate

Follow five easy steps to creating a plate

with the right portion sizes.

Gluten-Free Diets

An estimated 10% of people with type 1 diabetes also have celiac disease.

Holiday Meal Planning

Update your holiday feast with some simple, healthy ideas that will please the whole family.

FITNESS

Physical Activity is Important

Regular activity is a key part of managing diabetes along with proper meal planning, taking medications as prescribed, and stress management.

Types of Activity

Find out what activities we recommend for people with diabetes and how you can incorporate more movement into your day.

Get Started Safely

If you have never been active or have not been active for a while, it is important to start slowly and check with your healthcare provider.

Exercising With Diabetes Complications

If you want to know more about exercising safely with specific diabetes complications, check out our chart.

Get and Stay Fit

It's easy to start an exercise routine once you've decided it's time for a change, but keeping it up is a challenge for many.

Exercise & Type 1 Diabetes

With type 1, it's very important to balance your insulin doses with the food you eat and the activity that you do.



MERS: The Next Pandemic Disease?

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

In September 2012, Dr. Ali Mohamed Zaki, an Egyptian virologist, isolated and identified a previously unknown coronavirus from the lungs of a 60-year-old male patient who died from pneumonia and acute renal failure. This new virus was closely related to the coronavirus that caused Severe Acute Respiratory Syndrome (SARS) that sparked a global panic in 2003 when it jumped from animals to cause disease in humans living in Asia. Soon after, SARS infections spread rapidly throughout the world causing thousands of human infections and more than 800 deaths.

This new coronavirus was initially referred to as a SARS-like virus, or simply the novel coronavirus. Because the virus was first isolated in Saudi Arabia, it was also referred to as the Saudi SARS virus. Soon after, other human infections were documented with most occurring in Saudi Arabia and other surrounding Middle East countries such as Jordan, Qatar and the United Arab Emirates. More recently, laboratory-confirmed infections have also been documented in France, Italy, Germany and the United Kingdom. All of the European human infections occurred in patients with a recent history of travel to the Middle East and exposure to a symptomatic person. To date, no cases have been documented in the United States.

Because most infections occurred in the Middle East, the World Health Organization named the new virus responsible for the disease as the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) with the disease being named MERS. As of June 19, 2013, there have been 64 laboratory-confirmed cases of MERS with 38 deaths. MERS is similar to SARS in that both cause serious, acute respiratory infections. Unlike SARS, however, MERS can also cause acute renal failure. MERS is also associated with a very high mortality rate of 60 percent. So far, the occurrence of MERS has been restricted to a limited geographic area of the Middle East.

The epidemiologic information available about the MERS-CoV suggests that the infection is primarily zoonotic in nature with limited human-to-human transmission. From the little that is known about this particular virus, bats appear to be its natural host. It would be easy to assume that bats are also the immediate source of this infection following human exposure. However, this is unlikely since none of the infected patients had a history of exposure to bats. A more likely scenario is that a single mutant coronavirus variant emerged from a family of closely related coronaviruses that normally reside in bats. This virus then successfully crossed over and rapidly established itself in an intermediate animal host species (at least in the Middle East), with subsequent incidental spillover into the local human population.

Such spillover events would be facilitated through frequent intermediate animal host-human interactions and, perhaps, through viral adaptations acquired during the initial species jump. Although, at present, there is no evidence for sustained community transmission, the obvious concern for public health officials is that the virus may take the next step and adapt to efficient human-to-human transmission, which could result in epidemic disease of global proportions.

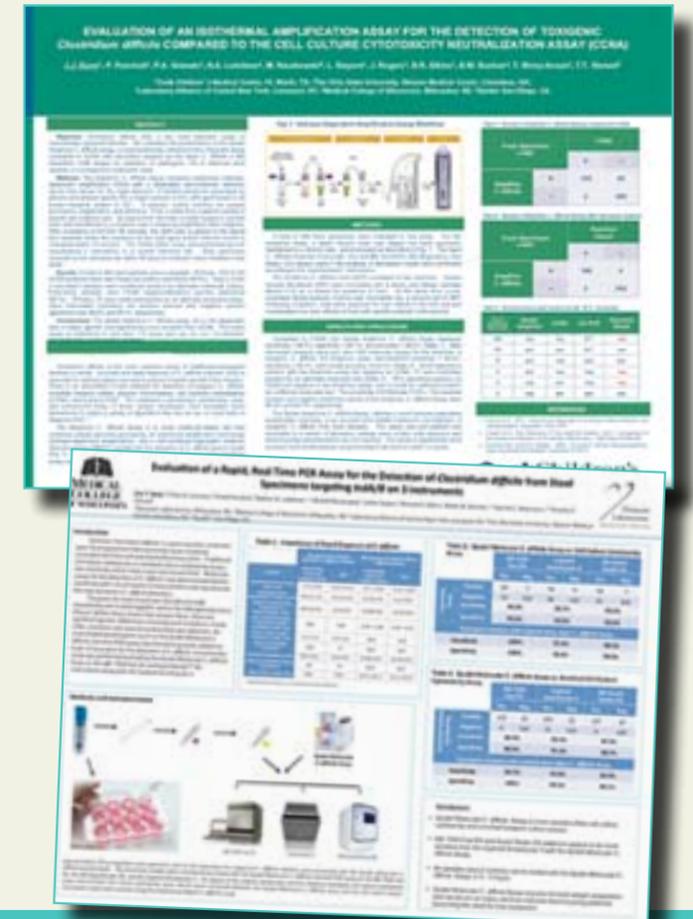
Recently, the CDC developed Case Definitions for Patients Under Investigation (PUI) for having MERS. A PUI is a person with: an acute respiratory infection, which may include fever (>38°C) and cough; AND suspicion of pulmonary parenchymal disease

(e.g. pneumonia or acute respiratory distress syndrome) based upon clinical or radiological evidence of consolidation; AND, a history of travel from the Arabian Peninsula or neighboring countries within 14 days; AND, an infection not already explained by other etiologies, including all clinically indicated tests for community-acquired pneumonia.

Local clinical microbiology laboratories are prohibited from knowingly culturing for MERS-CoV due to the possible risk of laboratory-acquired infection. Healthcare providers must notify the laboratory before submitting specimens from a patient suspected of having MERS so that arrangements can be made to have the specimen shipped to the Wadsworth Center at the New York State Department of Health for testing.

The treatment of MERS is supportive care for the patient. Like all other coronavirus infections, there is a no antiviral therapy available for treating MERS-CoV infections.

Device Trials Specialist Brenda Alkins, MS,MT(ASCP), contributed to a device trial study whose results were accepted for presentation as a poster at the American Society for Microbiology meeting held in May in Denver (top poster). Brenda also served as a co-author, along with Director of Microbiology Dr. Paul Granato, on a second poster presented at the scientific meeting.



Born Between 1945 and 1965? Get Tested for Hepatitis C, Experts Say

By Michael R. O'Leary, M.D., Chief Executive Officer, Director of Laboratories

All adults born between 1945 and 1965 — the baby boom generation — should receive a one-time screening for the hepatitis C virus, according to new recommendations from the U.S. Preventive Services Task Force (USPSTF).

The guidelines were also issued by the U.S. Centers for Disease Control and Prevention as deaths from hepatitis C have nearly doubled in the last 10 years.

A one-time screening is recommended for *everyone* born between 1945 and 1965. People in this age group account for three-quarters of all hepatitis C cases in the United States.

Hepatitis C — a leading cause of liver damage and liver disease in the United States — is considered a silent killer because it progresses without any indications of illness. More than 30 percent of U.S. patients needing liver transplants have end-stage liver disease related to hepatitis C.

Hepatitis C virus (HCV) infection is common in the U.S. Infection is transmitted by exposure to the blood of someone with the HCV infection. The most important risk factor for infection is injection drug use. Infection might also occur through unprotected sex, exposure to donated blood products, or accidental exposure in healthcare settings. Before the early 1990s, the virus was sometimes transmitted during blood transfusions. Since then, screening of donated blood has made this type of transmission rare.

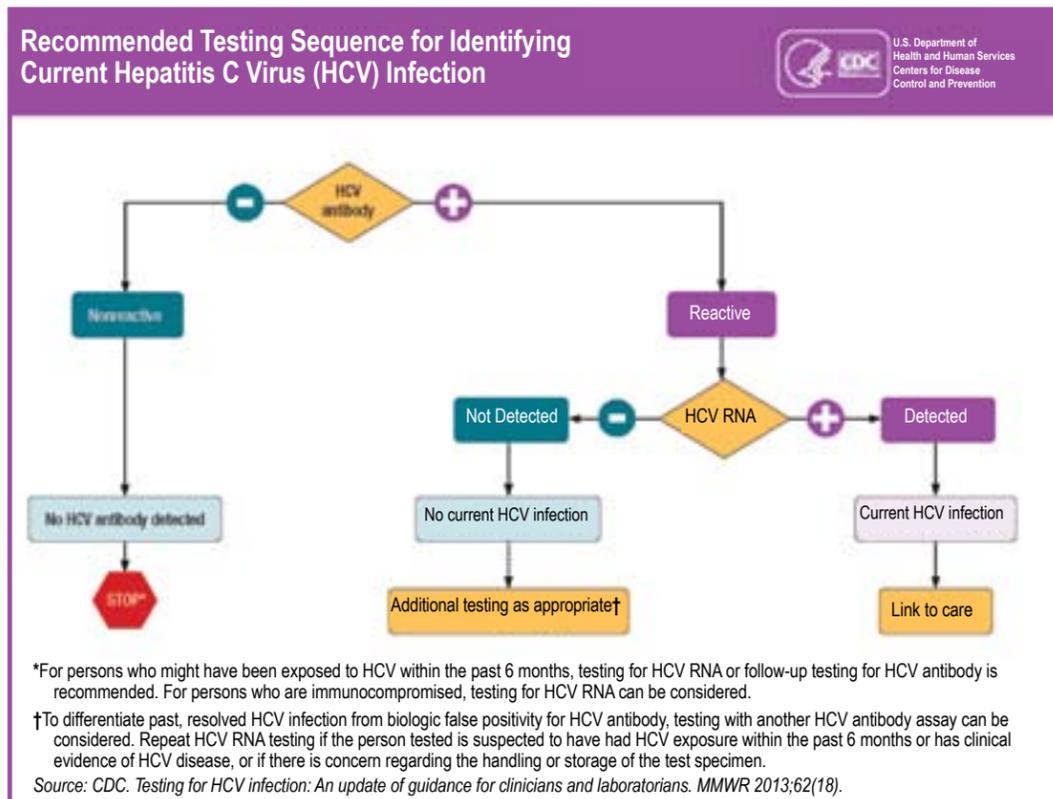
Many people have HCV infection don't have signs or symptoms of the disease. An estimated 3.9 million people are infected with HCV in the United States, the task force said. Unlike other types of hepatitis, there is no vaccine for hepatitis C.

"New HCV infection causes liver inflammation that can resolve *without* treatment," according to the new guidelines, which were published June 25 in the *Annals of Internal Medicine*. "However, infection can remain active throughout a person's life and can lead to liver problems. Treatment with drugs to fight HCV reduces the development of severe liver disease and death. Many people with chronic HCV infection have no symptoms until they have severe liver damage." Testing people with no symptoms of HCV (screening) may identify those who would benefit from treatment.

This is a turnaround from the USPSTF's 2004 statement, in which the task force advised *against routine screening* of adults without symptoms and high risk of HCV infection. In recent years it became apparent that two-thirds of infected people weren't getting screened, while treatment options expanded and were becoming much more successful.

It is recommended that everyone at risk gets tested — and that includes the baby boom generation. Screening for HCV involves a simple, inexpensive blood test. Those who test positive may have resolved HCV infection, requiring no treatment. A second test is necessary to search for the presence of HCV RNA, a marker that the infection is ongoing. Such patients usually receive a course of antiviral medication over several months. Most people will have no detectable virus following treatment. The CDC has an updated testing algorithm that is available on our website at laboratoryalliance.com.

This chart is available as a pdf online at www.cdc.gov/hepatitis/hcv/PDFs/hcv_flow.pdf



Employee Excels with Patients

Gabriella Davis, a part-time Laboratory Alliance employee since September 2000, works as a laboratory office assistant in the Central Receiving Department at our Crouse Hospital Rapid Response Laboratory.

This recognition of her good work is most deserving. Following is the article that ran in the June issue of *In Good Health* newspaper.

Gabriella Davis, a Crouse Health Coordinator, Recognized for Performance



Gabriella Davis, a health coordinator at Crouse Hospital, receives the Joan Fernbach Kingson Award for going above and beyond her duties. On the left is Crouse Hospital CEO Paul Kronenberg; on the right is physician Eric Kingston, Joan Fernbach's husband.

Gabriella Davis, a Crouse Hospital's health coordinator on the hospital's labor and delivery unit, is this year's recipient of the Joan Fernbach Kingson Award.

Each May during employee recognition week, one employee is honored with the award, established in memory of former Crouse Hospital patient Joan Fernbach Kingson, a nurse and educator who died in 2001.

The family and friends of Kingson established this award in her memory to recognize a Crouse Hospital service or technical worker whose special interactions with patients and families give vivid expression to the values of care, which Kingston was committed to in her work with children and families. Those values include treating each patient as an individual; respecting the social, emotional, intellectual, spiritual and physical needs of others, and welcoming families, especially the young, into the caring process.

Employees are invited to submit nominations for the award, and a team of employees selects the annual winner.

In keeping with the tradition of

a surprise announcement, Crouse President and CEO Paul Kronenberg read from the nomination form those comments that made Gabriella Davis a stand-out selection by the committee. Comments included the fact that Davis always goes the extra mile to serve patients, physicians and fellow staff.

This is not Davis' first recognition. She was honored at the Crouse Choice Awards a few years ago for tracking down a patient who phoned the hospital in distress — an action that truly may have saved that patient's life.

In addition to a framed award certificate and a cash prize of \$500, she received an autographed copy of the book, "Lessons from Joan: Living And Loving With Cancer, a Husband's Story," written by physician Eric Kingston, Joan Fernbach's husband.

The 2013 Kingson Award selection committee members included Nancy Williams (chairwoman); Rev. Jim Stone; Judy Farrelly; Milan Howell; Stephanie Sullivan; Robyn Oaderkirk; and past Kingson Award recipients Helen Bain, Marie Hinds and Peter Neiner.

Welcome to our New Clients

Morrisville State College
Morrisville, N.Y.

Nephrology Associates of Central New York
Syracuse, N.Y.

Technology Corner

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

Sex Hormone Binding Globulin,
Trichomonas vaginalis by Amplified DNA Probe

Laboratory Alliance employees



Saturday, Sept. 14
from 5:00 to 9:00 pm

at the Spinning Wheel Restaurant
7384 Thompson Road, North Syracuse

Please sign up by Wednesday, Sept. 4.

Look for information and sign-up sheets
in your departments!

Join Hospice of Central New York for
an evening of fun and music

at Traditions at the Links
Friday, Sept. 20
from 6:30 to 10:00 pm

\$125 per person includes dinner,
drinks, dancing and more!
All proceeds benefit
Hospice of Central New York
patients and their families.

Reserve your place online at
www.hospice.org or call 315-634-1100



september song

In Harmony with Hospice of Central New York

ANNOUNCEMENTS

**Elisha George Named Manager of Transfusion Services**

Elisha George has been promoted to manager of transfusion services and will be responsible for the oversight and operations of the Transfusion Services Departments at St. Joseph's Hospital Health Center, Crouse Hospital and Upstate University Hospital Community Campus.

Elisha began her career in 2002 as a medical laboratory technician, working part time for Laboratory Alliance while attending school. She then held positions as a medical technologist at the Department of Veterans Affairs, Hematology-Oncology Associates and A.L. Lee Memorial Hospital. Elisha is an active member of the American Society for Clinical Pathology, American Association of Blood Banks and the Blood Banks Association of New York State.

**Kristina Mennig Will Manage Our RRL at UUH-CC**

Kristina Mennig has been promoted to laboratory manager of Laboratory Alliance's RRL at Upstate University Hospital Community Campus. She most recently served as technical supervisor of chemistry at the RRL at St. Joseph's Hospital Health Center.

Kristina's medical technology experience includes director of clinical lab services at Crystal Run Healthcare in Middletown and Rock Hill, N.Y., and medical technologist positions at Polymedco Inc. in Cortlandt Manor, N.Y., and at Vassar Hospital in Poughkeepsie, N.Y.

Kristina is licensed as a clinical laboratory technologist in the state of New York.

**Rita Romano Will Oversee the Operations Center**

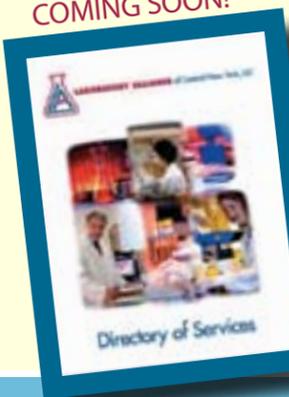
Rita Romano has been promoted to director of Laboratory Alliance's Operations Center. She most recently managed the company's RRL at Upstate University Hospital Community Campus.

Rita has more than 25 years of experience in the field since beginning her career as a medical technologist at Community General Hospital in 1988. She joined Laboratory Alliance in August 2011 after working as the environmental health and safety officer and director of environmental services at St. Joseph's Hospital Health Center.

Rita is an active member of the Clinical Laboratory Management Association Central New York chapter, serving as chairperson of the Membership Committee. She also currently serves as a board member for the Advancement Committee at Bishop Ludden High School.

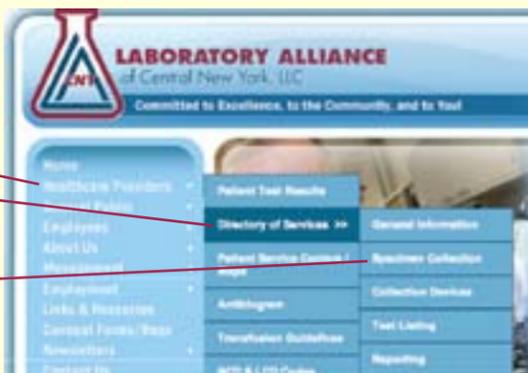
Our New Directory of Services Will Be Posted Online at laboratoryalliance.com

COMING SOON!



1. Visit our website at laboratoryalliance.com.
2. Select **Healthcare Providers** from the main menu
3. Select **Directory of Services**.
4. Reference chapters include **General Information, Specimen Collection, Collection Devices, Test Listing and Reporting**

For more information, contact our Customer Service Department at 315-461-3008.

**Paul Granato, Ph.D. To Serve on Panel**

Director of Microbiology Paul Granato, Ph.D., is one of 15 invited speakers at a conference organized by the New York State Department of Health.

The molecular technology symposium, titled "2020 and Beyond: Envisioning the Future of Infectious Disease Testing Laboratories," will be held Oct. 3 and 4 in Albany, N.Y.

All of the invited speakers are nationally and internationally recognized professionals.

Lab Tests Critical To Diagnosis

Clinical lab tests provide invaluable information used to diagnose and treat patients for everything from cancer and infectious disease to diabetes and heart disease — influencing 70% of all medical decisions — yet only account for 1.6% of all Medicare spending, according to a recent report from the American Clinical Laboratory Association.

Red Cross Blood Drive

Thursday, Aug. 15 from 9 a.m. to 2 p.m. at Laboratory Alliance's Corporate Office, 1304 Buckley Rd., Suite 300. Schedule an appointment with Marsha at 461-5903 or by email to marshaherbst@lacny.com.

LA NEWSMAKERS

New Employees

Please welcome our new employees

At our Operations Center

Amira Alafifi – Medical Technologist

Kristen Davis – Histotechnician

Elaine Jackson – Technical Processing Assistant

Brian Monterosso – Medical Technologist

Stephanie Weber – Phlebotomist

At our Corporate Office

Claudia Laws – Information Systems Analyst

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

Saja Alwahaidy – Laboratory Office Assistant

Erin Bowen – Laboratory Office Assistant

Ann Marie Ladd – Medical Technologist

Nicole Morales – Technical Processing Assistant

Kristen Thomas – Laboratory Office Assistant

At our Rapid Response Laboratory at UUH Community Campus

Bradley Bowen – Medical Technologist

Employee News

Kathleen Shumway, manager of business applications at the Corporate Offices, and her dog, Ellie, recently passed the test to participate as a Pet Partners Therapy Animal team. Kathleen and Ellie, a lab mix, will visit nursing homes, adult homes and schools as part of the pet therapy program that helps people live healthier and happier lives through the use of therapy animals.

As a registered Therapy Animal team, Kathleen and Ellie plan to participate in a partnership with St. Joseph's Hospital and with Francis House in the near future.

Learn more at petpartnersofsyracuse.org.

Employee Anniversaries**July, 5 years:**

Andrew Garlach

Heather Hoover

Matthew Kearney, Jr.

Roy Philpot

Saida Shanaa

July, 10 years:

Deborah Reed

July, 15 years:

Marcia Degilio

Movses Hovsepian

Kathryn Lamison

Elizabeth Madonian

Carrie Nappa

George Popp

Nancy Sniffen

Ann Sylcox

Todd Terpening

August, 5 years:

Holly Zehr

August, 10 years:

William Becker

Janet Roberts

August, 15 years:

Christine Garritano

Jane Keeler

Erin Mauro

Jane Riffanacht

Joan Riffanacht

Jennifer Walczyk

September, 5 years:

Brenda Milliman

Colleen Poirier

September, 10 years:

Kathleen Campanaro

Gursimran Dhillon

Angela Panzino

September, 15 years:

Joan Bonaparte

Michelle Botwinick

Josephine Gervasi

Daria Lebduska

Marilyn LeClair

Susan Maloney

Dru Ellen Neis

Debra Neverette

Jeanne Quartiero

Jeanette Reynolds

Heidi Robinson

Alan Tucker

Olga Volyanik

Mary Warter

Elsie Wilson

Well-Represented at the Corporate Challenge

On June 18, 32 Laboratory Alliance employees participated in the JP Morgan Chase 2013 Corporate Challenge.

Annamaria Daucher, below, the daughter of our Histology Manager, John Daucher, and part-time employee at Laboratory Alliance, was the top finisher for Laboratory Alliance, placing 41st of all women participants. The event drew 7,589 entrants from 289 businesses.

Following a run, jog or walk on the 3.5-mile course at Onondaga Lake Parkway in Liverpool, teammates gathered for a meal under their company's tent. Our team t-shirt was designed by **Karina Lenartowicz**, a technical processing assistant at our St. Joseph's Rapid Response laboratory. It complies with the theme, "Teaming Up for a Greener Tomorrow."

"The t-shirts looked great at the race," said race coordinator Becky Reynolds, medical technologist in our Microbiology Department. "Other companies complimented us on our logo and the t-shirt colors. A great time was had by everyone who participated."

Annamaria's photo was taken by Janet Kerfien, Microbiology Department.



CALENDAR OF EVENTS

Friday, Sept. 6

St. Joseph's Hospital Health Center 21st Annual Golf Classic, Turning Stone Resort. *Laboratory Alliance is a corporate sponsor.*

Saturday, Sept. 14

Laboratory Alliance Company Clambake, The Spinning Wheel Restaurant.

Friday, Sept. 20

September Song to benefit Hospice of CNY, Traditions at the Links. *Laboratory Alliance is a corporate sponsor.*

Friday, Sept. 27

Annual Tribute Evening to benefit Crouse Hospital Foundation, The Oncenter. *Laboratory Alliance is a corporate sponsor.*

Friday, Oct. 4

Gift of Age Cabaret to benefit the Eldercare Foundation, Doubletree Hotel. *Laboratory Alliance will receive the Eldercare Corporate Champion Award*

Wednesday, Oct. 16

"There's No Place Like Home" event to benefit Francis House, NYS Fairgrounds. *Laboratory Alliance is a corporate sponsor.*



The pace car for the 34th Green Lakes Triathlon was donated by Laboratory Alliance and driven by **Mike Manfredi** from our Transportation Department, (left), pictured here with race director **Chris Reed**. The Green Lakes Triathlon is unofficially the oldest continuous running triathlon in the country, 34 years and counting, and is a certified Livestrong event.

Thanks, Laboratory Alliance!



The **United Way of Central New York** sent its appreciation to Laboratory Alliance staff for participating in the **2013 Donate a Swimsuit – Save A Life** campaign. Laboratory Alliance collected nearly 100 swimsuits! These swimsuits will make it possible for many of the youth of Onondaga County to enjoy a fun and safe summer!

Marsha Herbst, human resources assistant, accepts an award from the **American Heart Association's Michael DiGiovanni** for Laboratory Alliance's participation in this year's Heart Walk. A reception was held at Rosamond Gifford Zoo on June 4.

Laboratory Alliance was named the **Top New Company Team** and Marsha was named the **2013 Heart Walk Company Leader**. Nearly 100 co-workers, friends and family of Barb Gonnella participated in the American Heart Association Heart Walk on April 6 in Barb's memory. Barb was an advocate for a healthy lifestyle and encouraged physical fitness.

Laboratory Alliance was the corporate sponsor of a **United Way** event held at the MOST on June 11. **Senior Vice President Anne Marie Mullin** attended the Leadership Reception, which celebrated leadership donors and United Way stars. Leadership gifts account for more than a third of total campaign revenues each year.



LABlines

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Comments, suggestions or inquiries should be directed to **Anne Marie Mullin** Senior Vice President **315-461-3036**, or by email to annemariemullin@lacny.com

