



How Far We've Come: 1998-2017

By Anne Marie Mullin, CEO

At the close of this year, Laboratory Alliance will have been in business for 20 years. For those of us who have been here from the beginning, or for a majority of those two decades, it's been both a tremendous challenge and a labor of love. Few people are given the awesome opportunity in their professional careers to help build a company from the ground level up. I, and a number of colleagues, past and present, have been grateful for the opportunity.

We can best see how far we have come by looking back to the beginning. Although the company was incorporated in January 1998, "the beginning" takes us back to late 1995. That was when the laboratory managers at St. Joseph's Hospital Health Center (Shirley Boyd), Crouse Hospital (Nancy Sniffen) and Community-General Hospital (Bob Groman) began talking with one another about the idea of a consolidated lab in response to the many overtures that the national reference labs were making to administration at each hospital. Shirley, Nancy and Bob felt certain that, by combining forces, a consolidated entity would be financially attractive. With the approval of the hospital CEO's, the Hospital Executive Council (HEC), headed by Ron Lagoe, became very involved. Besides looking at each hospital's potential contribution to such a company, the HEC secured funding in order to engage a consultant – Chi Laboratory Systems Inc. of Ann Arbor, Mich. – in a feasibility study in 1996. The favorable feasibility study led to the drafting of a financial analysis/business plan for the future company by Price Waterhouse Coopers.

Once the hospitals voted in favor of the company's creation and operating agreements were executed, an executive director (Gint Taoras) was hired in 1997. A finance director followed. Their offices were originally located within the downtown offices of the HEC. Following the recommendation of Chi Laboratory Systems to not locate a central (Core) laboratory within any one of the three owner hospitals, Shirley, Nancy, Bob and Ron Lagoe looked at various buildings. A great offer from the Metropolitan Development Association led to the purchase of a building in Electronics Business Park in Liverpool. Its close proximity to the three hospitals, the New York State Thruway and the Syracuse airport, along with the Park's designation as an New York State

Empire Zone, made it the ideal location. The three hospitals invested a million dollars in the renovation and build-out of the present-day Operations Center – a building that had once served as the cafeteria and human resources offices of the former General Electric complex.

All the employees of the three hospital lab departments were offered employment with the new company if they so chose. Many remained in their technical positions as medical technologists, cytotechnologists, histotechnicians, transcriptionists, etc., while others accepted newly created positions in Human Resources, Finance, Marketing, Information Systems and Customer Service. In total, the new company started with 224 employees on its first day, Jan. 1, 1998, with Shirley Boyd serving as director of operations, Nancy Sniffen as director of outreach and Bob Groman as director of human resources.

Reconstruction and set up of the Operations Center laboratory was completed in early 1999 and it was inspected by the New York State Department of Health in March 1999 and issued a permit. The footprints of the three hospital labs, in the meantime, were downsized. They became known as Rapid Response Laboratories (RRLs). Managers were hired for each of them. The Microbiology Department of each hospital lab was consolidated into the central (Core) lab in Liverpool. Each hospital's Cytology Department was also consolidated and it, initially, moved to the eighth floor of the former Physicians Office Building on the campus of St. Joseph's Hospital. Similarly, the Histology Departments were consolidated and, initially, relocated to 600 East Genesee Street. Later on, Cytology and Histology were moved into the Operations Center in Liverpool to unify our technical services under one roof and to reap more of the tax benefits of the Empire Zone.

Pathology service agreements were executed with the three owner hospital-based pathology practices and, from them, medical directors of each RRL were named. Michael O'Leary, M.D., who had once served for nearly 20 years as chief of pathology at Community-General Hospital, became the medical director of the Operations Center lab and later assumed the title as chief medical officer of the company. He retired at the end of 2015, having served for eight years as our CEO following the unexpected death of his predecessor, Frank Kearns, in early December 2007.

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Syracuse City School District P-TECH Program



The Value of Serving as a P-TECH Career Coach: An Act of Cognitive Philanthropy

By Mark Jordan, Ed.D., Education Coordinator

The Pathways in Technology Early College High School (P-TECH) program is a progressive educational model designed to provide academically at-risk students with the opportunities to graduate high school, complete a two-year degree and secure employment in high-demand STEM careers — **science, technology, engineering** and **mathematics**. P-TECH is a collaborative model incorporating a K-12 school district, an institution of higher education, and a business partner. Each of these participants contribute to the development of students’ academic, technical, and career readiness skills and prepare them to hit the ground running as they enter the workforce.

Laboratory Alliance is the proud business partner for the Syracuse City School District’s Clinical Laboratory Technology (CLT) P-TECH program. Each academic year, Laboratory Alliance encourages employees to serve as career coaches, which coincidentally provides them the unique opportunity to nurture the professional development of their future co-workers!

Students’ career readiness, technical and academic skills develop naturally when they engage with our career coaches during monthly mentoring events. At the 2017 CNY P-TECH Employer Forum, held in May and attended by several of our career coaches, students from P-TECH programs across Central New York spoke of the effect their career coaches had, not just on developing their skills, but also in reshaping how they envision their future. The testimony of these students confirmed the power of career coach engagement and the value it brings them.

As we are quickly approaching the 2017-18 academic year, we could use more career coaches. We will continue to work with the students from the first cohort as they enter 10th grade and, in addition, we will be working with students from the incoming freshman class (the second cohort). With the coming of each academic year, we add a new cohort of students to the roster, making our need for career coaches increasingly important.

Regardless of your title or role within the organization, everyone at Laboratory Alliance has the ability to influence these students in a positive way, playing an active role in their academic and professional attainment. Who among us has not benefitted from the privilege of working with a career mentor? Serving as a career coach is an opportunity to pay forward the gift of mentorship, one we have all benefited from at some point throughout our careers.

Perhaps the two most impeding questions one may be asking are (1) *do I really have the time to commit to this?* And (2) *will I really add*

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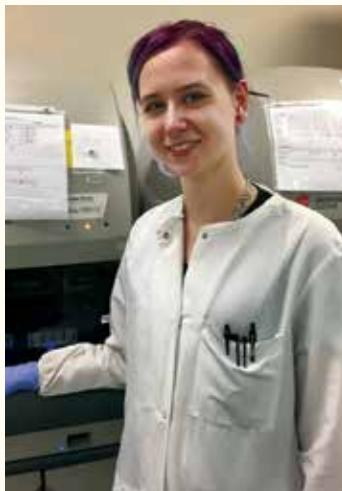
The 2016-17 academic year was the first year our career coaches participated in mentoring events with the first cohort of P-TECH students and it was an overwhelming success! Here is what some of our veteran career coaches have to say about their experiences:

“I see that I in fact do have a role to play in helping the future of others.”
— Michael Adetu

“The students are bright and good listeners. I wish I was able to work with them more.” — Morgan Thomas

“Professionally, this shines a light on the things that I love about the different aspects of my job.” — Sarah Pluff

“It is a great opportunity to make a difference in a career path for a student.”
— Daria Lebduska



First-hand Experiences at Third-World Laboratories

Hematology Technical Supervisor Denice Sullivan Linehan participated on two missions to Africa as part of a volunteer initiative to strengthen healthcare in Ghana and Zambia.

Before she joined Laboratory Alliance in 2015, Hematology Technical Supervisor **Denice Sullivan Linehan** worked as a sales consultant for Becton, Dickinson and Company (BD), during which time she volunteered with the company's "Walking the Talk" program. In 2008, Denice joined the volunteer team that helped set up a new laboratory in a primitive village in Ghana, Africa. In 2011, Denice volunteered as part of the President's Emergency Plan for AIDS Relief to help train phlebotomists at the Monze Mission Hospital in Zambia, Africa to assist in the fight against HIV/AIDS. Following is a closer look at Denice's experience.

How did you have the opportunity to visit Africa?

In 2007, BD and Direct Relief International launched a volunteer service program to improve healthcare in Ghana. In 2008, I was part of a team of 12 BD employee volunteers who worked side-by-side for three weeks with staff from Direct Relief International, a nonprofit partner, at three remote sites throughout Ghana. Six of us went to The King's Village in northern Ghana serving a district of 160,000 where the average person earns 64 cents in US dollars per day.

The King's Village is a Christian-led international development program providing education, clean water, sanitation and healthcare. Up until 2006, not a single doctor was available for the district. There was one nurse for every 6000 people and the infant mortality rate was 140 per 1000 live births. Services offered at the clinic are complemented by periodic mobile clinics conducted in villages that are only accessible by boat or because people do not have the means to get to the clinic and will walk several miles to seek treatment.

Value of a P-TECH Career Coach

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any value? To answer the first question, the time commitment is minimal. There will be two mentoring events each month (one for each cohort) from September through May during normal school hours. Each mentoring event requires 1.5 to 2 hours of time, including travel. Being a career coach does not require attendance at every mentoring event; in fact, we do not expect that. Attend what you can, even if it is only one mentoring event a year. We are never awarded more time. Time is something that we have to make and it is amazing what we can make time for with a little prioritizing and rearranging. This is an endeavor worth making the time for.

To answer the second question, simply reflect on the following quote from one of our veteran career coaches as she described her experiences working with the P-TECH students:

"You don't have anything to lose, but everything to gain."

— Debra Shannon



There are many companies that donate medical products, but very few donate employee volunteers. I was fortunate to be part of a program that gives back, and to have this valuable learning experience.

What did you do at Ghana's Clinic at The King's Village?

The clinic had a single doctor and a fairly knowledgeable man named Michael who had basic laboratory training. The small 8-by-10-foot lab was located in a very primitive medical building. For three weeks, we helped

him establish a new laboratory and trained him in all aspects of laboratory testing. We talked to him about universal precautions, quality control and how to use the kits and instruments that were donated to his lab.

What challenges did you face in Ghana?

The greatest challenge was the primitive conditions. We did not always have electricity or potable water. Obtaining supplies and delivery of those supplies for the laboratory was sporadic at best. Traveling outside the clinic to provide care meant going to mud-hut villages. The doctor would come to the village, set up a tent, and people would stand in lines for hours to receive medical attention. Often working late into the night, we served patients in the dark with only the truck's lights for illumination.

Another obstacle was that the Ghanaian people were terrified of HIV testing – not the test itself but of the HIV/AIDS stigma. They did not want to know if they had HIV and did not want others to know this. We were challenged in getting even the healthcare workers to submit to testing. We needed people to volunteer so that we could train the others how to perform such tests.

An overriding factor at that time was that Ghana had hosted the Africa Cup of Nations, an international soccer tournament and the worry was an increase in HIV and other communicable diseases. The medical community foresaw huge potential problems with the recent influx of soccer players and fans from around the continent.

With so many challenges I found it amazing what people can do with so little. I often reflect on my days in Ghana and know that we take a lot of things for granted.

In 2011 you joined the BD mission to help address HIV/AIDS in Zambia. How did this trip compare?

This was a different mission in that our team was there to train the trainers. We spent the first part of this two-week trip in Lusaka, the capital and largest city in Zambia. People who would serve as trainers



Denice's time in Ghana included field work and helping to set up a new clinic laboratory.



Candida auris - The Newest Multi-Drug Resistant Superbug

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

Background

Ever since the first antibiotics were developed and made available for the treatment of infectious diseases, microbial resistance to these agents began emerging. Since bacteria cause the great majority of human infections, most antibiotics have been developed to treat these infections, resulting in the emergence of multi-drug resistant bacteria. A few notable examples include methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), carbapenemase-resistant *Enterobacteriaceae* (CRE), and multi-drug resistant *Mycobacterium tuberculosis* (MDR-TB).

Fungi, such as yeast, are relatively uncommon causes of human infection and, as such, few antibiotics have been developed to treat these infections. In 2009, a new yeast, *Candida auris*, was documented as a cause of a human ear infection in Japan. Since that time, *C. auris* has developed into an emerging pathogen that has been reported globally in at least a dozen countries on four continents.

Candida auris infection was first documented in the United States in 2013 followed by another case in 2015. As of June 16, 2017, a total of 86 cases have been reported to the Centers for Disease Control (CDC), of which most cases were from the metropolitan New York City area (n= 60) and New Jersey (n = 17). Of greatest significance is that many of the *C. auris* isolates were resistant to some, if not all, of the agents used for treatment. As such, *C. auris* is regarded as a multi-drug resistant superbug that poses a serious potential threat to human health.

What is *Candida auris*?

Candida auris is a microorganism that is different from bacteria and viruses, and is classified within the group of fungi called yeast. *Candida albicans* is the best known yeast because it is the *Candida* species that causes most infections but is generally susceptible to most antifungal agents. Unlike *C. albicans*, *C. auris* is resistant to many, and sometimes all, antifungal agents, making it a true “superbug.”

Who gets *C. auris* infection?

Individuals who develop life-threatening *C. auris* infections are usually hospitalized patients or residents in extended care facilities. Most patients have serious underlying medical conditions such as hematologic malignancies, tumors, respiratory disease, chronic urinary problems, or are receiving immunosuppressive therapy, such as corticosteroids. The main predisposing risk factor for developing a life-threatening bloodstream infection is the long-term placement of a central venous catheter. Because few, if any, antifungal agents may be available for treatment due to multi-drug resistance, mortality rates may exceed 50 percent.

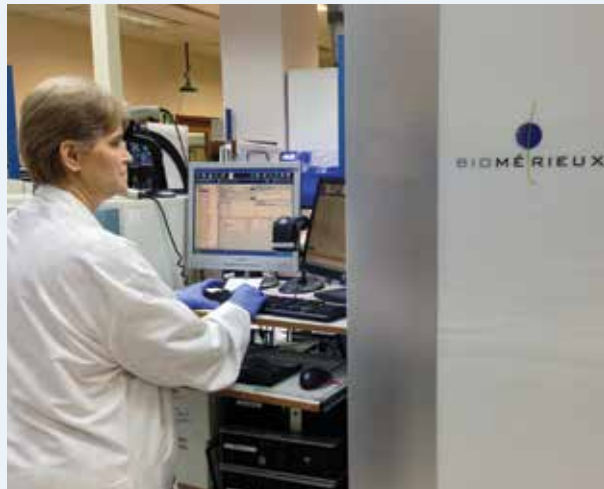
As of mid-June 2017, a total of 86 *C. auris* infections have been reported to the CDC. New York state accounted for 60 (70 percent) of these cases. With the exception of one patient, all cases were concentrated in hospitalized patients and nursing home residents in the metropolitan New York City area. A single patient infection was documented in Rochester but that person was previously treated at a New York City facility. Among New York’s patients with serious infections, the mortality rate was around 35 percent. However,

since all the patients had serious underlying medical conditions, it may be difficult to attribute these deaths specifically to *C. auris*.

Treatment Options

The antifungal agents available to treat *C. auris* infections are limited and can be divided into three major groups: 1. the fluconazoles; 2. the polyenes; and 3. the echinocandins. A few strains of *C. auris* are susceptible to all of these antifungal agents; most are resistant to at least one if not two of these antifungal groups; and, some strains are resistant to all three groups. Since

Below left, **Katrina Zeglin**, a lead medical technologist in the Microbiology Department at our Operations Center, is preparing a bacterial isolate for the MALDI-TOF MS identification. Matrix-assisted laser desorption ionization/time-of-flight mass spectrometry (MALDI-TOF MS) has been developed for the rapid identification of bacteria and yeast, including *Candida auris*, which is considered new as it was first documented in 2009. Medical Laboratory Technician **Keith Rando**, right, is using the Vitek 2 instrument which can also identify *Candida auris*.



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Proper Specimen Labeling is Important

By Jodi Lippke, BS, MT(ASCP), Central Receiving Supervisor

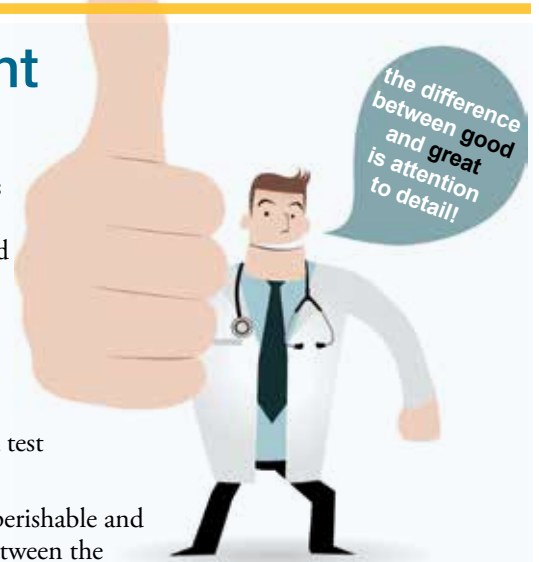
Laboratory test turnaround time is important to our clients, their patients and to us! With your help, we can perform the testing our clients request well within the stability timeframe of each specimen type.

The most common cause for delayed testing is errors in the submission of the specimen. Namely, the failure to submit a properly labeled specimen. Properly labeled specimens mean that there is no ambiguity as to the patient's identity, specimen source and time and date of collection.

The following are the most common reasons why we cannot proceed with testing:

- the apparent condition of the specimen indicates that it is unsatisfactory for testing or that it is inappropriate for the test requested;

- the specimen has been collected, labeled, preserved or otherwise handled in such a manner that it has become unsatisfactory or unreliable as a test specimen;
- the specimen is perishable and the time lapse between the collection of the specimen and its receipt by the laboratory is of such duration that the test finding may no longer be reliable; or
- the date and, in the case of tests specified by the department, the hour when the specimen was taken by the physician or other authorized person is not furnished with the specimen.



Multi-Drug Resistant Superbug

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resistance develops quickly during treatment with these agents, the public health concern is that the incidence of resistance to all three antifungal groups may increase significantly over time. As such, infection with *C. auris* can present as a therapeutic dilemma as there may be few, and in some cases no, treatment options available. Because of this, the CDC has categorized *C. auris* as a “superbug” that poses a potentially catastrophic threat to the public.

Infection Control Measures

In both hospitals and in nursing homes, individuals with *C. auris* infection or who might be colonized with the yeast should be placed in a single room on Standard and Contact Precautions. Such infection prevention measures are designed to minimize and/or prevent the transmission of *C. auris* to other people. Unlike other *Candida* species that do not survive for long periods on environmental surfaces, preliminary evidence suggests that *C. auris* may persist for extended periods of time. As such, surface disinfectants with proven efficacy against fungi should be used for daily environmental surface cleaning and disinfection. Despite this, infected or colonized patients do not need to be restricted to their rooms but should perform good hand hygiene before leaving the room since the yeast is most commonly transmitted by direct contact.

Summary

Currently, Laboratory Alliance’s Microbiology Department has not detected any isolates of *C. auris* from patient specimens. The situation is continually monitored and Laboratory Alliance is vigilant to the isolation and characterization of this yeast. In all likelihood, it is only a matter of time before *C. auris* makes its presence known in the Central New York area.

Simply put ... The top 5 reasons we have to call you back:

1. Patient name is misspelled

Confirm spellings of patient name on the specimen with the patient name on the enclosed paperwork.

2. Specimen(s) are mislabeled or unlabeled

3. Test order clarification or unknown specimen source

Every specimen and every test must have a clearly written test order or check off the appropriate box on the requisition. If submitting a culture, please indicate specimen source.

4. Missing or incomplete insurance information

Insurance information must be included on the electronic requisition or the Laboratory Alliance requisition.

5. Missing diagnosis codes or diagnosis that do not support medical necessity

LCD and NCD code information can be found on our website under the “Healthcare Providers” tab. Use this reference to assign the proper ICD-10 code for those tests that require a medically necessary diagnosis code.

When you have questions, call our Customer Service Department at 315-461-3008 or visit our website – laboratoryalliance.com – and look for specimen collection documents under the **healthcare providers** tab.



Medical Technology Scholarships Awarded in Barb Gonnella's Name

Named in memory of Laboratory Alliance's former transfusion services manager, **Barb Gonnella Memorial Scholarships** were awarded to two students enrolled in Upstate Medical University's Medical Technology program. **Justin Reed** and **Shetha Hamad**, pictured center with their plaques, were recognized during Upstate's Medical Laboratory Professionals Week Luncheon in April.

Several dignitaries were present, including Senator John DeFrancisco, Upstate President Danielle Laraque-Arena, MD, and Robert Corona, Jr., DO. Dr. Corona is affiliated with Laboratory Alliance as a pathologist at the Rapid Response Laboratory at Upstate University Hospital - Community Campus.

Members of Barb's family attended the event, including her son Andrew and his fiancée Ama, and Barb's brothers John and Bob and their wives Sue and Bev.

The scholarship was supported by Laboratory Alliance employees and friends in Barb's name following her unexpected death in 2013. Barb was the transfusion services manager at Laboratory Alliance for 15 years and a graduate of the College of Health Related Professions at Upstate Medical University with a Bachelor of Science in medical technology.

Contributions can be made to the scholarship in Barb's name by mailing them to Upstate Medical University Foundation, 750 E. Adams St., CAB 326, Syracuse, NY 13210 or submitted online at www.upstatefoundation.org/chpalumni/donate.



Pictured, from left, behind the recipients, are Sue, Ama, Andrew Gonnella, John and Bob Boland and Bev.

Announcing



Michele Rioux Promoted To Accounting Manager

Michele Rioux was promoted to accounting manager for Laboratory Alliance in July. She will be responsible for all general accounting functions including the budget and she will oversee accounts payable. In addition, she will perform many of the duties previously performed by the controller.



John Capoto Named Transportation Supervisor

John Capoto was promoted to transportation supervisor at Laboratory Alliance's Operations Center in July. He joined Laboratory Alliance in 2016 and served in the role of transportation dispatcher. John retired after 26 years as a deputy sheriff with Onondaga County. During his career, he held numerous

positions including dispatching and supervising city court details. Following his retirement, he was a laboratory courier and a security officer before joining Laboratory Alliance.

In The News

Following are activities of individuals from Laboratory Alliance's Microbiology Department:

Director of Microbiology **Paul A. Granato, Ph.D.** and Device Trial Specialist **Melissa Unz** co-authored and presented the following two posters at the American Society of Microbiology meeting held in June in New Orleans:

1. Comparative Evaluation of a PCR Amplification and Array Detection Stool Panel Assay with Conventional Methods for Detecting Bacterial Enteric Pathogens.
2. Comparative Clinical Evaluation of iCubate Assay for Pathogen Identification.

Dr. Granato co-authored a scientific study titled "Multicenter Evaluation of the Bruker MALDI Biotyper CA System for the Identification of Clinically-Important Bacteria and Yeast" that was published in the June issue of *American Journal of Clinical Pathology*.

Also, **Dr. Granato** presented a national webinar in May titled "Zoster the Imposter - A Look at Varicella Zoster Virus and Herpes."

DID YOU KNOW...

Employment of medical laboratory technologists and technicians is projected to grow 16% from 2014 to 2024, much faster than the average for all occupations. An increase in the aging population is expected to lead to a greater need to diagnose medical conditions through laboratory procedures.

The medical laboratory science profession has more than one career track based on level of education: medical laboratory technician (2 years) and medical laboratory scientist (4 to 5 years).

Learn more

Visit our career page at laboratoryalliance.com/careers, or visit labtestsonline.org. This site is a collaborative effort of 15 laboratory organizations and more than 20 laboratory companies; it provides a wealth of information to the public and other health professions educators.



LA Newsmakers

Employee Anniversaries

July, 5 Years
Emily Hiza

August, 5 Years
Irene Kiner

September, 15 Years
Adam Campbell
Judy Ranieri

July, 10 Years
Lisa Horning
Laura Murray

September, 10 Years
Melissa Belfield
Allen Davis, Jr.
Kevin McKown

New Employees

Please welcome our new employees

At our Rapid Response Laboratory at Crouse Hospital

Jonah Perry - Laboratory Office Assistant

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

Jessica Mabile - Medical Laboratory Technician

Amanda Marcely - Laboratory Office Assistant

Stephanie Paddock - Medical Technologist

Heather Skrupa - Laboratory Office Assistant

New Employees

Please welcome our new employees

At our Corporate Office

Jennifer Thomas - Senior Accounts Payable

At our Operations Center

Taylor Brown - Technical Processing Assistant

Christine Cooper - Laboratory Office Assistant

Hannah Comer - Phlebotomist

Dianna Gallagher - Phlebotomist

Craig Gardiner - Phlebotomist

Erika Gilberti - Laboratory Office Assistant

Susan Grobsmith - Phlebotomist

Maricel Reyes - Medical Technologist

Catherine Rowell - Device Trial Specialist

Mary Sagor - Courier

Daniel Saiyan - Laboratory Office Assistant

Bradford Seamon - Dispatcher

At our Rapid Response Laboratory at Upstate University Hospital Community Campus

Samantha Henderson - Technical Assistant

First-hand Experiences at Third-World Laboratories

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were brought in from different sites throughout the country. In a hotel conference room we trained them in the proper collection of blood.

After several days of training, we went with them back to their own medical facilities to watch them train their own people on site. It was evident that the Zambian people were more comfortable learning from their own trainers. We observed everything — what they were doing both before we trained them and what improvements we observed after the training. We ended our trip by meeting with the Ministry of Health in Zambia to present our findings.

The hospital facilities we visited and the living conditions were not as primitive as the trip to Ghana. English is the official language of both countries, but in Ghana when we were providing healthcare to the remote villages, an interpreter was needed.

Both experiences taught me so much personally and professionally. I learned that people are people everywhere — we all want the same for our families: health and happiness. The children were a perfect example of this — they smiled when we offered them soccer balls and candy and loved listening to books read by one of the volunteers. They were excited to pose for the camera and for some, this was the first time that they got to see what they looked like when we showed them the pictures. While we tend to forget this sometimes, I think we all are more alike than we are different.

In 2005, BD partnered with CMMB-Healthier Lives Worldwide to launch an innovative volunteer service trip program for its employees, to help address HIV/AIDS in Zambia. Is this work continuing?

I was part of a team that visited in 2011 to train healthcare workers in the use of products to properly and safely collect blood. Previous teams had constructed two medical waste incinerators, trained more than 60 healthcare workers, and completed the build-out of a brand new laboratory.

More than 10 years later, lasting improvements at the hospital are still evident, including new laboratory procedures to enhance quality control and maintenance, particularly with blood samples and HIV/AIDS tests.

Over the years, BD associates have constructed three more incinerators at additional Zambian health facilities. They also continue to educate and support Zambian medical workers, including book donations to the medical library at Ndola College of Biomedical Sciences. In addition to the service trips to Zambia, BD has been a supporter of CMMB for more than two decades, providing grants as well as medical product donations to improve the lives of women, children and communities in need.



While in Zambia, Denice joined two other women volunteers on a rare Sunday off to travel a few hours south to Victoria Falls and to a national park safari area.

Community Connections



Patrick Langan, who works in the Chemistry Department at the Operations Center, stopped by the Corporate Office conference room to donate blood on August 10. Employees and members of the community participated in the Red Cross Blood Drive, co-sponsored by Laboratory Alliance of Central New York and Nephrology Associates of Syracuse.

An estimated 38 percent of Americans are eligible to give blood, but of those, less than 10 percent actually donate each year. There is always a need for those who are healthy and eligible. Most donations take about an hour.

The need is constant and your contribution is important for a healthy and reliable blood supply. Start by making a donation appointment.

Visit redcrossblood.org or call **1-800-RED-CROSS**.



All proceeds to benefit Hospice of Central New York

Presented by: FQ CENTER FOR QUALITY CARE

Calendar of Events

Friday, Sept. 8

St. Joseph's Hospital Health Center 23rd Annual Golf Classic, Turning Stone Resort. *Laboratory Alliance was a participant and sponsor.*

Saturday, Sept. 9

Laboratory Alliance Company Clambake, The Spinning Wheel Restaurant.

Friday, Sept. 15

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

Friday, Oct. 6

2016 Tribute Evening to benefit Crouse Hospital Foundation, The Oncenter. *Laboratory Alliance is a participant and sponsor.*

Wednesday, Oct. 11

"There's No Place Like Home" event to benefit Francis House, Horticulture Building, New York State Fairgrounds. *Laboratory Alliance is a participant.*

How Far We've Come

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The significant growth of the company's community-based business (physician practices, long term care facilities, regional hospitals, etc.) and the concurrent need to dedicate as much floor space at the Operations Center to patient testing led to the establishment in February 2006 of our Corporate Offices on Buckley Road in Syracuse. Administration, Finance, Information Systems, Customer Service and Marketing are housed there.

Looking back, I can say that consolidating three hospital lab departments into one company was a success, although not without its share of speed bumps along the way. To borrow a lab phrase, "the experiment worked." Today, we employ about 410 people, run four NYS-licensed laboratories, operate 12 Patient Service Centers in three counties, drive over one million miles annually, collect blood specimens on more than 200,000 patients in our service centers, area nursing homes and in the homes of homebound patients and we perform approximately 10.7 million tests a year. To all my colleagues and affiliates, I say "thank you." Your dedication to excellence in laboratory medicine and your commitment to put the patient at the center of all we do has been the secret of our success. We've indeed come a long way!

LABlines

Comments, suggestions or inquiries should be directed to

Joan Rusin, Senior Executive Assistant, 315-461-3038, or by email to joanrusin@lacny.com