

News from LABORATORY ALLIANCE of Central New York, LLC



Tact – The Language of Strength

By Anne Marie Mullin, CEO

Margaret Chase Smith, the only woman elected to both houses of Congress and the first woman to have her name placed in nomination for the presidency, was once quoted as saying, “One of the basic causes for all the trouble in the world

today is that people talk too much and think too little. They act impulsively without thinking. I always try to think before I talk.”

Have you ever asked yourself, “Whether I’m correcting my children or my employees, I feel as though there is often a negative reaction to what I say? I do this for their betterment - to help them become more effective. What am I missing here? Why are others resistant to my help?”

People tend to make most decisions emotionally, and then back up their emotion-based decision with logic. We “rationalize”—sometimes telling ourselves “rational lies.” Everyone does this. Whether or not people buy into what we say depends less upon logic than how their ego accepts the words they hear from us. This is a common reason why people resist another’s correction, critique, help or advice even when it’s for their own good.

Generally speaking, few people truly enjoy being corrected or criticized. Can you think of the last time that someone criticized you and you responded, “Thank you for pointing out the error of my ways”? Yet, in the real world, offering correction or feedback is a part of life.

There is one helpful tool that stands out and makes the biggest difference in your ability to persuade others to your way of thinking and to attain the results you desire. It’s sometimes referred to as diplomacy, discretion or sensitivity. It’s “tact.”

Tact strengthens our communication. It’s the ability to make a point in such a way that not only is the other person not offended; they are receptive. Every situation you find yourself in and every time you must call someone’s attention to a particular way of acting, keep tact in mind. It’s key to how others receive what you say and whether they ultimately take, what you perceive to be, a beneficial course of action. Using tact will serve you well in all aspects of your life.

People who are tactful consider first what they are going to say *before* they say it. They edit their speech *before* the speech. They ask themselves questions, such as, “How will he or she feel about what I am going to say,” and “How am I going to say it?”

Analyzing the way we talk to others and mentally playing back our conversations are ways to learn how to be tactful or to hone the skill. Ask yourself, “Did I think before I spoke? Was I considerate of their feelings? Was the expression on my face consistent with my words?”

Don’t fret if you don’t always know the right words. A wise friend once said to begin with the right intent and the words

will usually take care of themselves.

There are five techniques that consummately tactful people use:

1. Choose words carefully
2. Cushion negative feedback
3. Think before you speak
4. Be mindful of timing
5. Be discreet

From “The 5 Elements of the Consummately Tactful Professional” by Jacqueline Whitmore, author and business etiquette expert.

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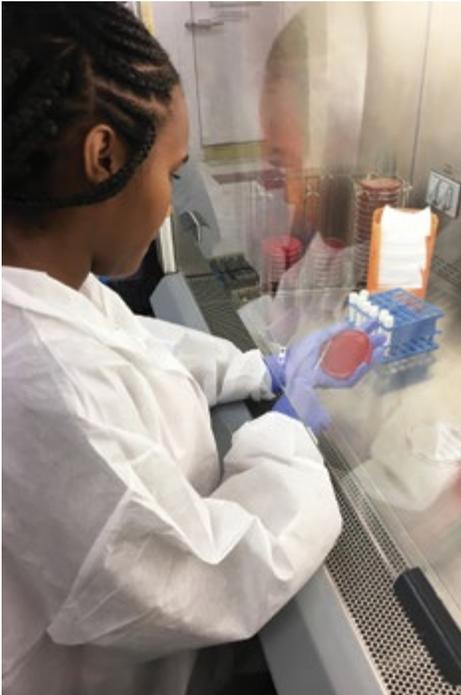
Syracuse City School District P-TECH Program

Laboratory Alliance Welcomes Third Cohort of P-TECH Students to the Operations Center

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 prepares them to hit the ground running as they enter the workforce.



Laboratory Alliance is a proud business partner in the Syracuse City School District's P-TECH program in Clinical Laboratory Technology. As a business partner, our employees volunteer to serve as career coaches and work with P-TECH students on a regular basis at mentoring events throughout the year. Each summer,

P-TECH students spend two weeks traveling to various program affiliates and engage in skill building activities in preparation for the endeavors they will face in the upcoming fall semester.

On July 24, Laboratory Alliance welcomed the incoming freshman class (the third cohort of P-TECH students) to the Operations Center. Upon the students' arrival, we provided them with an introduction to the clinical laboratory science profession as well as a discussion of the career outlook for licensed clinical laboratory professionals. Immediately following our introduction, students toured the lab—escorted by volunteer employees—as they rotated between five different stations representing some of the clinical laboratory disciplines (microbiology, chemistry, hematology, urinalysis/body fluids and cytology). Laboratory Alliance's career coaches, who are knowledgeable in their respective disciplines, designed and executed hands-on activities to engage students in relevant learning experiences.

Students learned how to inoculate bacteria growth media by practicing the intricate technique of streaking using an inoculating loop. The students were able to see how this technique is useful in growing and isolating bacteria colonies for the identification of specific bacterial infections. In chemistry, they learned how to use a spectrophotometer to quantify blood glucose levels in specimens from a glucose tolerance test and how that data is used to help diagnose diabetes. Using microscopes, students gained knowledge of the typical morphological features of erythrocytes, leukocytes, and other cells from various body tissues and applied that knowledge to identifying certain diseases and abnormalities. At the urinalysis station, students used reagent strips to perform a chemical analysis of different urine specimens and learned how the data from each of the test parameters is used to support clinical diagnoses. Through these activities, P-TECH students not only developed their clinical laboratory



skills but they learned how to relate clinical laboratory data to various diseases.

This summer bridge event, along with other mentoring events, creates a situated learning environment where content knowledge and skills are presented authentically and in relevant context. In addition, having direct engagement with adult professionals provides the appropriate social interaction to enhance learning and development. As students work with our career coaches on developing essential skills, their vision of what their future could be transforms from an intangible, nebulous entity into a clear obtainable reality. This summer bridge event was a successful first step in the P-TECH students' developmental journey, and is a testament to the commitment from all who participated.

I would like to offer a special "thank you" to the career coaches and other employees who dedicated time to participate in this event: Laura Buehler, Mary Buehler, Sheryl Hamilton, Kathy Hass, Daria Lebduka, Rita Romano, Angela Smith and Morgan Thomas. Without your participation, events such as this would not be possible.



Laboratory Alliance Enhances Toxicology Test Menu With Addition of New Faster Methanol Test

By Roy Huchzermeier, Ph.D. FAACC, Director of Assay Development

Methanol, also known as methyl alcohol and wood alcohol, is a highly toxic alcohol that is present in many common household products, such as automobile windshield washer fluid, gas line antifreeze, paint strippers, and fuel for small stoves. Methanol ingestion can produce severe intoxication, which can be fatal. It depresses the central nervous system. As little as 10mL (1/3 oz.) of pure methanol can cause permanent blindness; 15mL (1/2 oz.) is potentially fatal.

Since 2008, Laboratory Alliance has been offering methanol testing by gas chromatography (GC). While this methodology represents the gold standard for methanol testing, it is labor-intensive and lengthy. Laboratory Alliance recently validated a new enzymatic test method for methanol on one of our automated chemistry platforms, and we have obtained approval from the New York State Department of Health to utilize this new method to test for methanol in patient sera.

This new methodology, which will be carried out at our Operations Center, will enable Laboratory Alliance to significantly

reduce the turnaround time for reporting methanol results. This is expected to enhance the level of treatment available in suspected poisonings.

Laboratory Alliance is the only clinical laboratory in the central New York area that offers methanol testing. The nearest laboratories to us that are also capable of performing this testing are Strong Memorial Hospital in Rochester and Albany Medical Center. Methanol testing at Laboratory Alliance is available to Laboratory Alliance's owner hospitals, SUNY Upstate Medical Center, and other regional hospitals.

The ordering of serum methanol testing is handled differently than other tests. All requests for testing must first be approved by the Upstate Poison Control Center. Once the order has been approved, samples will then be transported to the Operations Center by Laboratory Alliance couriers. Results will be reported directly to the Poison Control Center specialists, as well as to the hospital where the patient is located. The new enzymatic method for methanol will be available from 7:30 a.m. to 11:30 p.m., seven days a week.

Technology Corner

Recently, we announced this transition to a new vial for the following tests on Laboratory Alliance's test menu:

Ova and Parasite Testing Vial Change

Intestinal Ova and Parasite Testing: Transition from SAF FIXATIVE vials to Total-Fix vials for stool collection, transportation and preservation.



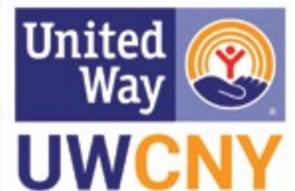
1. Total-Fix is used in the same manner: for stool collection for intestinal ova and parasite testing.
2. The stability is the same: room temperature or refrigerated, for 28 days.
3. Total-Fix is a safer, alcohol-based fixative as compared to the SAF, which is a formalin-based fixative.
4. SAF vials may still be submitted for testing, but as our current inventory depletes we will only be supplying Total-Fix.

Thanks, Laboratory Alliance



Laboratory Alliance employees donated 62 swimsuits to United Way's swimsuit campaign that supports the YMCA Urban Swim Initiative to ensure all kids in Syracuse had a swimsuit this summer. Local businesses were invited to host swimsuit drives in their offices in early June.

Kids received a safety seminar prior to getting a swimsuit to ensure they know the importance of water safety. Laboratory Alliance continues to be a leading supporter of this program.





Sentinel Antibiotic Susceptibility Prevalence Studies For Groups A and B Streptococci

By Russell A. Rawling, M.S., M(ASCP)SM, RM(NRM)SM, Microbiology Manager

Sentinel antibiotic susceptibility prevalence studies for groups A and B streptococci are performed at least biannually by Laboratory Alliance's Microbiology Department to monitor the emergence of resistance to select antimicrobial agents, namely penicillin, erythromycin and clindamycin. Group A and group B streptococcal isolates were recovered from patient specimens from various physician practices and/or area hospitals throughout Onondaga County so that the results would not be biased by geographic location or physician practice specialty. The following highlights the results of these studies.

Group A streptococcal study results

From July 11 to Aug. 3, 2018, 52 isolates of group A streptococci (GAS) recovered from adult and pediatric pharyngeal specimens were randomly selected for testing against penicillin, erythromycin and clindamycin. As expected, all 50 isolates (100%) were susceptible to penicillin but, notably, 100% of the GAS were susceptible to erythromycin and 100% were susceptible to clindamycin. In the past, this resistance has appeared to correlate with increased use of azithromycin. There can be cross-resistance between macrolides and clindamycin. Since the percent of isolates susceptible is 100%, the prescription use of macrolides may have decreased compared to previous years.

Table 1 shows the comparative results of the antibiotic sentinel studies that were performed in 2007, 2009 and 2011 through 2018. Surveillance performed by Mary Buehler.

Year	Antibiotic Tested (% Susceptible)		
	Penicillin	Erythromycin	Clindamycin
2007	100%	94%	98%
2009	100%	82%	84%
2011	100%	100%	100%
2012	100%	68%	72%
2013	100%	65%	69%
2014	100%	84%	90%
2015	100%	82%	86%
2016	100%	64%	66%
2017	100%	96%	100%
2018	100%	100%	100%

The 2018 susceptibility patterns for erythromycin and clindamycin demonstrated no decreased resistance for the second consecutive year.

The results of this limited sentinel study indicate that penicillin continues to be effective therapy for the treatment of GAS pharyngitis in the non-penicillin allergic patient and that erythromycin and clindamycin may be effective alternative therapeutic choices in the penicillin-allergic patient, but only when the results of susceptibility testing are available to verify the effectiveness of these drugs. This antibiotic susceptibility trend will be monitored and tracked by performing periodic sentinel studies.

Group B streptococcal study results

A similar antibiotic susceptibility prevalence study was performed on 104 randomly selected group B streptococci (GBS) recovered from vaginal specimens requested for Group B Strep from women of childbearing age over a similar time period.

Table 2 shows the comparative results for the sentinel studies conducted in 2007, 2009 and 2011 through 2018. Surveillance performed by Mary Buehler.

Year	Antibiotic Tested (% Susceptible)		
	Penicillin	Erythromycin	Clindamycin
2007	100%	46%	54%
2009	100%	50%	64%
2011	100%	24%	38%
2012	100%	32%	50%
2013	100%	22%	45%
2014	100%	26%	36%
2015	100%	46%	46%
2016	100%	32%	42%
2017	100%	22%	34%
2018	100%	34%	45%

As expected, all GBS isolates were susceptible to penicillin. However, an alarming and continued significant increased resistance to erythromycin and clindamycin was noted with only 34% and 45% of the GBS isolates tested susceptible to these respective antibiotics. Although erythromycin and clindamycin are the recommended antibiotics of choice for the treatment of GBS vaginal colonization or infection in the penicillin-allergic patient, this astounding increase in resistance to erythromycin and clindamycin may be due to the increased use of these antibiotics to treat GBS colonized or infected patients who are not penicillin allergic.

If treatment is indicated for GBS, penicillin remains the agent of choice for intrapartum antibiotic prophylaxis in the non-penicillin allergic patient. Ampicillin is an acceptable alternative but penicillin is preferred because it has a narrower spectrum of activity and is less likely to select for bacterial resistance. Importantly, physicians are reminded that confirmed GBS resistance to penicillin has not been reported to date and, as such, antimicrobial susceptibility testing against this agent is not performed.

For penicillin-allergic women at risk for anaphylaxis, cefazolin, clindamycin and erythromycin are possible therapeutic options as recommended by the Centers for Disease Control. While there is no GBS reported resistance to cefazolin, the results of this sentinel study show that only 34% and 45% of the GBS isolates tested were susceptible to erythromycin and clindamycin respectively. Since antimicrobial susceptibility testing is not routinely performed on GBS isolates, physicians may specifically request such testing when considering erythromycin or clindamycin as therapeutic options in the penicillin-allergic patient.



Infectious Diarrhea and the Use of Molecular Technology for Improved Diagnosis

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

Preface

In the fall of 2015, Laboratory Alliance's Microbiology Department replaced culture with a molecular assay for the detection of common microbial pathogens responsible for causing diarrheal disease. This brief article presents an overview of diarrheal disease, its causes, and how the implementation of a molecular assay has resulted in the significantly improved diagnosis of infection.

Background

Diarrhea is typically defined as a condition in which an individual experiences at least three loose or liquid bowel movements each day. It is a disease that most individuals do not care to discuss, but it is an illness that many people experience at least once or twice a year.

In general, diarrhea can be classified into two major groups: non-infectious and infectious. Non-infectious diarrhea can result from a number of underlying conditions some of which include: lactose intolerance, irritable bowel syndrome, celiac disease, inflammatory bowel disease, and the effects of some medications including several antibiotics. Infectious diarrhea, on the other hand, is caused by microorganisms of which viruses, bacteria, and protozoa account for most cases.

Several viruses can cause diarrheal disease but norovirus and rotavirus are the leading causative agents. Among the bacteria, the more common agents of diarrhea include *Campylobacter jejuni/coli*, *Salmonella* spp., Shiga toxin-producing *Escherichia coli* (also known as enterohemorrhagic *E. coli* or EHEC), *Shigella* species, *Yersinia enterocolitica*, and *Vibrio cholerae/parahaemolyticus*. In the United States, *Giardia lamblia* (also called *G. intestinalis* or *G. duodenalis*) and *Cryptosporidium parvum* are the two most common protozoan causes of diarrhea. It is worth noting that even though the microorganisms mentioned above are the most common causes of infectious diarrhea, they represent only a partial list. Well over 50 microorganisms are documented causes of diarrhea.

Epidemiology

Acute diarrhea is an extremely common infectious disease second in incidence only to upper respiratory tract infections and, as such, represents a significant worldwide healthcare problem. The illness is most often acquired following the ingestion of fecally contaminated water or food. The World Health Organization estimates that diarrhea causes or is a major contributor to approximately 25% of all post-neonatal childhood deaths. In the United States, the Centers for Disease Control and Prevention estimate that 1.4 episodes of diarrhea occur per person per year, while the incidence in third world countries is considerably higher.

Although most of the common bacterial and viral agents responsible for diarrheal infection cause self-limiting, non-life-threatening disease, some enteric infections may require therapeutic intervention. More serious illness may require hospitalization and

could result in death due to severe dehydration, multiorgan failure, and/or shock. Since clinical treatment and patient management decisions are often based on determining the identity of the infecting microorganism, it is important to generate reliable laboratory test results as quickly as possible.

Laboratory Tests for Diagnosis

Routine culture:

Traditional methods for the laboratory diagnosis of diarrhea involve the cultural recovery or the detection of the bacterial agent in a fecal specimen. Laboratory methods are not readily available for the detection of the more commonly occurring viral agents, such as norovirus and rotavirus. In addition, many laboratories do not routinely screen for *Giardia* and *Cryptosporidium* or the test may not be ordered by the health care provider.

The conventional bacterial cultural methods are very labor-intensive, costly, and time-dependent processes in which three to four days are often needed to generate the final laboratory result. In addition, if specimens are delayed in transit to the laboratory, some bacterial agents, such as *Shigella*, may die making their cultural recovery impossible. However, the major limitation of culture is that norovirus and rotavirus are the most common causes of diarrhea and they cannot be grown in the laboratory using standard methods. As such, the two most common causes of diarrhea go undetected and the patient's infection goes undiagnosed.

Molecular assay

In October of 2015, Laboratory Alliance's Microbiology Department replaced its conventional methods for the diagnosis of bacterial diarrheal disease with a molecular-based, multiplex PCR assay. The assay reliably detects the presence of the most common bacteria responsible for infectious diarrhea (*Campylobacter*, *Salmonella*, Shiga toxin-producing *E. coli*, and *Shigella*). In addition, the molecular assay also routinely screens for the presence of *Yersinia* and *Vibrio*. Previously, using cultural methods, physicians had to specifically request testing for *Yersinia* and *Vibrio* because special procedures were required for their laboratory recovery.

Because the PCR assay detects the presence of bacterial nucleic acids in the specimen, the bacteria need not be alive for their detection which increases the sensitivity of the assay considerably. Most importantly, the multiplex PCR assay also detects the presence of norovirus and rotavirus which offers a significant advantage over the cultural method.

To determine the improved sensitivity and performance of the multiplex PCR assay compared to culture, a two-year retrospective study was performed to determine isolation or detection rates for the various enteric pathogens. The total number of specimens over each of the two time periods was comparable. As shown in Table 1, the total number of enteric pathogens detected using the molecular assay was 1,135 compared to 382 for culture, which represents an almost 200% increase in positivity rate. Of note, norovirus and rotavirus were detected in 491 and 167 fecal specimens respectively,

Continued on page 6

Announcing



Roberta Demoski Named Crouse Hospital Laboratory Manager

Roberta Demoski of Baldwinsville was named laboratory manager of Laboratory Alliance's Rapid Response Laboratory (RRL) at Crouse Hospital. She joined Laboratory Alliance in 2016 as a cytotechnologist and more recently took on her new role of laboratory manager.

Demoski has more than 28 years of experience in cytology including 22 years in supervisory roles.

Prior to Laboratory Alliance, she was cytology manager and anatomic pathology manager at Guthrie Clinic, located in Sayre, Pa. Also, she worked at SUNY Upstate Medical University for over 18 years, and prior to that, Yale University and Connecticut Pathology Laboratories. Roberta is board certified by the American Society of Clinical Pathology and is licensed by New York state.

Publications

Medical Technologist **Celeste Nelson**, Microbiology Manager **Russell Rawling** and Director of Microbiology **Paul Granato, Ph.D.**, co-authored a publication titled "*Streptobacillus moniliformis* native valve endocarditis - a case report," that was published May 1 in *Clinical Microbiology Newsletter*.

Device Trial Specialist **Melissa M. Unz** and **Dr. Paul Granato** were authors on a publication titled "Clinical evaluation of the

iCubate iC-GPC assay for detection of gram-positive bacteria and resistance markers from positive blood cultures." It was published in June in the *Journal of Clinical Microbiology*.

Device Trial Specialist **Catherine Rowell** and **Dr. Paul Granato** were co-authors on a publication titled "Performance comparison of the cobas Liat and Cepheid GeneXpert systems for *Clostridium difficile* detection," published in July in the journal *Plos One*.

Infectious Diarrhea and Improved Diagnosis

Continued from page 5

which accounted for 58% of the total enteric pathogens detected during the study period. Importantly, with the exception of *Salmonella*, there was a significant increase in the number of positive specimens detected using the molecular assay compared to culture. However, more *Salmonella* were detected using culture than by the molecular assay. This higher number was likely due to a foodborne outbreak of *Salmonella* that the Central New York area was experiencing during the July 2013 to June 2015 study period.

Table 1. Comparison of Culture and Molecular Assay for Detection of Enteric Pathogens

Diarrheal Pathogen	Routine Culture July 2013 to June 2015	Molecular Assay June 2016 to May 2018	% Change
Norovirus	Not Tested	491	Not applicable
Rotavirus	Not Tested	167	Not applicable
<i>Campylobacter</i>	188	210	+ 12%
<i>Salmonella</i>	154	139	- 10%
STX – <i>E. coli</i> ^a	32	71	+ 122%
<i>Shigella</i>	5	34	+ 580%
<i>Yersinia</i>	2	16	+ 700%
<i>Vibrio</i>	1	7	+ 600%
Total	382	1,135	+ 197%

^aSTX – *E. coli* = Shiga toxin-producing *E. coli*, also known as enterohemorrhagic *E. coli*

Summary

Molecular assays have replaced many conventional cultural methods for the laboratory diagnosis of an ever-increasing number of infectious diseases. Multiplex PCR assays, as well as other gene amplification tests, are considerably more sensitive and, importantly, generate highly reliable results in less than an hour or two compared to days and sometimes weeks by culture. The timely availability of such test results favorably impacts early diagnosis, patient management, the institution of necessary infection control measures for hospitalized patients, and the administration of appropriate antibiotic therapy, when indicated.

The replacement of culture by a multiplex PCR assay for the diagnosis of the more common agents responsible for infectious diarrhea is another prime example of the beneficial impact of molecular diagnostics on human health. As evidenced by the information presented in this brief article, the use of a multiplex PCR assay has improved the detection of the more common viral and bacterial pathogens responsible for diarrheal disease and has greatly improved the diagnosis and care of the patients served by Laboratory Alliance's Microbiology Department.

LA Newsmakers

New Employees

Please welcome our new employees

At our Operations Center

Jazmyne Beebe - Phlebotomist
 Nar Bhattarai - Technical Assistant
 Michael Brown - Courier
 Faith Bullard - Phlebotomist
 William Claxton - Courier
 James Gardner - Courier
 Jade Jenkins - Phlebotomist
 Kaylie Laflair - Technical Processing Assistant
 Gregory Lambert - Courier
 Daviana Lopez Torres - Technical Assistant
 Carolyn Post - Medical Technologist
 Thomas Smiley - Courier
 Yki Smith - Medical Technologist
 Robert Sudakow - Medical Technologist
 Thomas Terry - Courier
 Kenneth Thomas - Phlebotomist

At our Rapid Response Laboratory at Crouse Hospital

Shannah Cheney - Laboratory Office Assistant
 Linda Remington - Medical Technologist
 Taylor Walpole - Technical Assistant

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

Deanna Eure - Laboratory Office Assistant
 Jessica Hanrahan - Medical Laboratory Technician
 Jewels Johnson - Technical Processing Assistant
 Phoebe Macaulay - Medical Laboratory Technician
 Mercedes Morales - Medical Technologist

Employee Anniversaries

April, 5 years

Maria Abbate

April, 10 years

Diane Hall
 Kathleen Lawton

April, 20 years

Deborah Cullen
 Olga Farrell
 Susan Hayes
 Claire Huchzermeier
 Cathy Husted
 Martha Stewart

May, 5 years

Stephanie Weber

May, 10 years

Mary Cavino

May, 15 years

Joan Rusin

May, 20 years

Lori Martin
 Pamela Swierczek

June, 5 years

Brian Monterosso

June, 10 years

Kelly Allport
 Nicole Rivanera

June, 20 years

Ian Crossett
 Dawn Doviak
 Christina Essig
 Sheryl Hamilton
 Ronald Hart
 Laryl Hludzinski
 Lori Post
 Jill Rudnick

July, 5 years

Nicole Morales

July, 10 years

Heather Angrick
 Saida Shanaa

July, 15 years

Deborah Reed

July, 20 years

Marcia Degilio
 George Popp
 Nancy Sniffen
 Kathryn Lamison
 Liz Madonian
 Carrie Nappa

August, 5 years

Annmarie Ladd

August, 10 years

Holly Zehr

August, 15 years

Bill Becker

August, 20 years

Jane Keeler
 Jane Riffanacht
 Joan Riffanacht
 Jennifer Walczyk
 Erin Mauro



In appreciation of their commitment and hard work, Dr. Paul Granato treated the members of the device trial team to lunch earlier this summer. They include, from left, microbiologists Brenda Alkins, Katie Rowell, Marcia Degilio and Melissa Unz.

Choose
 a career in
 laboratory
 medicine.
 A career in
 two years,
 not just a degree.

We're hiring skilled medical technologists and technicians. Talk with us about careers in laboratory medicine and visit our website to learn more:

laboratoryalliance.com/careers

Community Connections

Calendar of Events

Monday, Aug. 20

Red Cross Blood Drive at Corporate Office, hosted by *Laboratory Alliance and Nephrology Associates of Syracuse*.

Saturday, Sept. 8

Laboratory Alliance Company Clambake, The Spinning Wheel Restaurant.

Friday, Sept. 14

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

Friday, Sept. 21

2018 Tribute Evening to benefit Crouse Hospital Foundation, The Oncenter. *Laboratory Alliance is a participant and sponsor.*

Wednesday, Oct. 10

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



**To benefit Francis House
Wednesday, Oct. 10
5:30 to 8:30 p.m.
New York State Fairgrounds
Horticulture Building**

Be a part of our annual signature fundraiser as a sponsor, advertiser, prize donor or purchase a ticket to attend our signature event.

For more information, visit francishouseny.org or contact Adrienne Kelley at 315-475-5422 or email akelley@francishouseny.org



When you need labwork, we're in your neighborhood



Visit our patient service center in the **Physician Office Building South at Upstate University Hospital at Community General**

4900 Broad Road, Suite 1K on the first floor

We're open new hours

Monday - Friday from 7:30 a.m. to 4:00 p.m.

Closed for lunch from 12:15 to 1:00 p.m.



We're located in the offices next to the parking garage.

Simply go to the first floor, follow the signs to the Physician's Office Building South, Floor 1 and we're down the hall in Suite 1K on the right.

Bring your prescription here or to any one of our 12 locations.

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LabLines is published four times a year. Comments, suggestions or inquiries should be directed to **Joan Rusin**, Senior Executive Assistant, 315-461-3038, or by email to joanrusin@lacny.com