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Evaluation of the QuantiFERON-TB Test for the Identification of Latent *Mycobacterium Tuberculosis* Infections from Military Participants

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Introduction

Infections caused by *Mycobacterium tuberculosis* are major worldwide health problems (9). Since the mid-1980's the incidence of tuberculosis in the U.S. has increased dramatically, coupled with the emergence of HIV. Rapid, efficient, and sensitive tests are necessary for detection of the organism to control its spread. The World Health Organization estimates that approximately one-third of the world's population is infected with *M. tuberculosis*; of these infected individuals, most are probably latently infected (9). Accurate testing for *M. tuberculosis* is essential for health-care workers and for military personnel who live in or are deployed to areas in which active *M. tuberculosis* disease is very common, such as Central and South America, Africa, Eastern Europe, and Asia.

The tuberculin skin test (TST) is the world-wide accepted standard for the measurement of immunity to *M. tuberculosis* (4, 6). This test is used for screening health care workers at most healthcare facilities, but has several drawbacks including the need for a repeat visit, subjective interpretation, cross reactivity with other non-tuberculous mycobacteria (NTM), false negative results due to immunosuppression, and false positive results due to vaccination with bacillus Calmette-Guérin (BCG) (4).

The QuantiFERON-TB test (QFT) (Cellestis Inc., Valencia, CA) is FDA approved for detection of latent *M. tuberculosis* infection. The QFT assay detects the cell-mediated immune response to *M. tuberculosis* by measuring gamma-interferon levels in whole blood. The assay has the potential to alleviate some of the TST drawbacks that are exaggerated in populations that rapidly deploy and demobilization large groups of individuals, such as the military. Some of the advantages the QFT test offers are: 1)

analysis of *M. tuberculosis* infections in whole blood in a single assay; 2) elimination of the need for follow up appointments for a negative screen result; and 3) differentiation of *M. tuberculosis* versus NTM infections (1-3, 5-8).

In order to evaluate this test and its potential for application to the military population, we designed an evaluation utilizing the *M. tuberculosis* testing parameters of our institution. We specifically evaluated the accuracy and reliability of the test as well as ease of use, technicalities, and the potential of cost savings to the military.

Materials and Methods

Study population. The study was performed at Madigan Army Medical Center (MAMC) in Tacoma, Washington. First, a group of 39 civilian and military volunteers were tested by both QFT and TST during an initial evaluation of the QFT methodology. All of these individuals were due to be tested with the TST. Next, a group of

Evaluation of the QuantiFERON-TB - *con't on page 4*



Table of Contents

Evaluation of the QuantiFERON-TB Test	1
Editor's Page	2
President's Message	3
Consultant's Corner	3
Membership Application	12
Invitation to Exhibit	14
Nominee Requirements for SAFMLS Awards	16
SAFMLS Meeting Room Request	18
SAFMLS Workshop & Short Topic Presentations	19
Poster Guidelines and Application	20
Call for Nominations	21
Proposed By-Laws	22
Board of Directors	27
Calendar of Events	28

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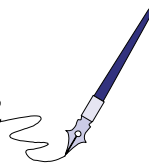
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Editor's Page



Dear Reader,

Boy, how time flies, it is almost time for SAFMLS meeting again. This year it will be in Reno, Nevada at the Silver Legacy Resort and Casino. This is the issue where we put out the call to action and we are looking for folks to provide lectures, do posters, and nominate your personnel for awards so please look through this issue to see how to participate. I would especially encourage all of our younger officers to get out and “do something.” It is a great way to meet other officers in the lab field and have them get to know you better.

In this issue, you will get a look at QuantiFERON-TB Test in an article written by MAJ Mahlen and CPT Agar. It will give you some insight on how the test worked for them and some of the outcomes from their results. I asked for this article based on their outstanding poster at last years SAFMLS. This is a great chance to see their data if you were not able to attend last year.

In Reno, we will get an opportunity to welcome back LTC Dan Deuter from his tour in Iraq and reminisce about LTC Michael Buckellew who is taking his place. Be sure to look for LTC Deuter in Reno for insight on laboratory operations and look for any workshops he may be involved in. I'm sure he will have a great deal to share upon his return.

Please feel free to contact me with questions about the Scope or submissions you may have that may be of interest to the laboratory population.

Until next issue, be safe.

LTC Kevin M. McNabb, Ph.D., Medical Director, Microbiology, Brooke Army Medical Center, Fort Sam Houston, Texas 78234.

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President's Message

by Maj Norman C. Fox, USAF

Greetings SAFMLS members! I thank you for taking time from your schedules to read the articles presented in The Scope. I recently returned from the Silver Legacy in Reno, the site of our 2006 Annual Meeting. I believe we have many exciting events and activities scheduled for you. The Board of Directors is continually striving to offer its members the best return on investment possible. Reno provides excellent convention facilities and a great variety of professional and social activities. While there, the Board was afforded an opportunity to view the brand new 40,000 square foot exhibition and special events pavilion. The pavilion will offer members and vendors alike the opportunity to view and exhibit in a state of the art venue.

As we continue our preparations for the Annual Meeting, I invite members to submit their ideas for workshops, short topics and poster presentations. Keep checking the SAFMLS website (www.SAFMLS.org) for the latest information on submissions, registration and society information. SAFMLS is an organization staffed and run completely by volunteers.

With that in mind, I would continue my call for motivated members to consider contributing their time to a worthy cause. If you wish to become a volunteer, contact one of your Members-at-Large listed on the website.

If you haven't yet made a decision about PME this year, I encourage you to think of SAFMLS as your "one stop PME shop." We offer dozens of courses, both long and short for virtually every lab discipline. Remember also that members do not pay any registration fees. Ultimately the opportunity to network with other professionals from literally around the globe is...priceless!

Finally, allow me to reiterate a subject from my summer message, encourage your NCO's to participate in the Annual Meeting. SAFMLS has close to 150 enlisted members at last count. It is my belief that the NCO corps is an untapped and valuable resource.

In conclusion SAFMLS provides members with great value, excellent meeting locations, and varied opportunities for PME!

Consultant's Corner

Col Donna M Roncarti, USAF

"A Leader Is..."

"... the truest kind of leadership demands service, sacrifice, and selflessness... Leadership is influence. The ideal leader is someone whose life and character motivate people to follow. The best kind of leadership derives its authority first from the force of a righteous example, and not merely from the power of prestige, personality, or position. By contrast, much of the world's "leadership" is nothing but manipulation of people by threats and rewards. That is not true leadership; [it is] exploitation. Real leadership seeks to motivate people from the inside, by an appeal to the heart, not by external pressure and coercion. For all these reasons, leadership is not about style or technique as much as it is about character...."

John MacArthur, "The Book on Leadership"

Some months ago, I happened to turn on my radio just in time to catch the middle of a particularly interesting discussion on leadership. The speaker, John MacArthur, seemed to be focusing on *personal* aspects of leadership, which I found refreshing. I have often heard it said that people are our number one asset. I know this to be true. However, we can focus so steadily on our own needs not to fail and to accomplish the goal, that we forget that true crux of leadership: people. We have a choice. We can lead by the "I'm in charge" plan, or by the "we need to get here" plan. The second option requires a bit of thought – thought regarding our people, and right up front, not as a second or last thought.

We may not see the more *personal* aspects of leadership as the real crux of the matter but only as the result of a well thought out approach on our part as leaders, and I include civilian, enlisted, and officers in my discussion of 'we leaders'. MacArthur focuses on the personal aspect first. His principles are not unique, but the primary focus appears to be more sincere and reflective of truth and consequences; i.e., reality. People *are* our number one asset and the way in which we approach or interact with people has a lot to do with how successful a leader we are or become.

Consultant's Corner - con't on page 9

Evaluation of the QuantiFERON-TB - *con't from page 1*

146 military healthcare workers required to get annual screens during their Birth Month Audit Review (BMAR) were screened by QFT for potential exposure to *M. tuberculosis*. The study was performed over a 6 month period. Individuals screened during the BMAR process were considered to be at low risk for exposure to *M. tuberculosis* infection. Those who had been previously vaccinated with the BCG vaccine were excluded from the evaluation. In addition, individuals that had been screened by TST within the past year were excluded, since QFT results may be boosted or falsely positive following prior skin testing. In addition, immunocompromised individuals and pregnant women were not evaluated. Last, whole blood samples drawn and submitted to the laboratory greater than 12 h after collection were excluded.

Whole blood collection. Two 5-mL sodium heparin tubes of whole blood were collected from each volunteer before the TST was administered. Tubes were gently mixed at least 20 times on a Thermolyne Vari-Mix test tube rocker at room temperature before stimulation antigens were added (see below). Blood was collected no later than 1600 hours, since samples must be processed within 12 h of collection. Generally, samples were processed within 2 h of collection.

TST administration. Individuals were given 0.1 ml of purified protein derivative (PPD; Parkedale Pharmaceuticals, Rochester, MI) intradermally on the forearm. After 48 h, trained health care workers interpreted the results according to the American Thoracic Society (ATS) and Centers for Disease Control and Prevention (CDC) guidelines (1, 4). A positive TST for *M. tuberculosis* infection was defined as an area of induration on the forearm of =10 mm in individuals with increased risk factors and =15 mm in individuals with no known risk factors (2).

Blood incubation. The QFT assay was performed in two parts according to the manufacturer’s instructions. In the first part of the QFT assay, 1.0-mL aliquots of whole blood from each patient were pipetted in a biosafety cabinet into 4 separate wells of a 24 well tissue culture plate. Three drops of each stimulation antigen (Nil Control, Human PPD, Avian PPD, and Mitogen) normalized to room temperature were then added to each appropriate well as displayed in Figure 1.

	Patient Sample Number					
	1	2	3	4	5	6
<i>Nil Control</i>	○	○	○	○	○	○
<i>Human PPD</i>	○	○	○	○	○	○
<i>Avian PPD</i>	○	○	○	○	○	○
<i>Mitogen</i>	○	○	○	○	○	○

Figure 1. Layout used for adding stimulation antigens to patient whole blood samples. Figure from the QFT Package Insert.

The Human PPD antigen is used to determine exposure to *M. tuberculosis*, while the Avian PPD antigen is used to determine potential exposure to NTM species. The Nil Control does not contain antigen and adjusts for background, heterophile antibody effects, or nonspecific gamma interferon that may be present. The Mitogen antigen is used to normalize Human PPD responses. The antigens and the blood were then mixed for 2 minutes on a microtiter plate shaker at the highest setting. Next, the samples were incubated in a humidified atmosphere at 37°C for 16-24 h. After incubation, a 200-µl pipettor was used to draw a minimum of 200 µl of plasma from each sample into 1 ml microtubes in sample racks in the general format displayed in Figure 2.

Row	1	2	3	4	5	6	7	8	9	10	11	12
A	1N	2N	3N	4N	5N	S1	S1	11N	12N	13N	14N	15N
B	1H	2H	3H	4H	5H	S2	S2	11H	12H	13H	14H	15H
C	1A	2A	3A	4A	5A	S3	S3	11A	12A	13A	14A	15A
D	1M	2M	3M	4M	5M	S4	S4	11M	12M	13M	14M	15M
E	6N	7N	8N	9N	10N	S1	S1	16N	17N	18N	19N	20N
F	6H	7H	8H	9H	10H	S2	S2	16H	17H	18H	19H	20H
G	6A	7A	8A	9A	10A	S3	S3	16A	17A	18A	19A	20A
H	6M	7M	8M	9M	10M	S4	S4	16M	17M	18M	19M	20M

Evaluation of the QuantiFERON-TB - con't from page 4

Figure 2. Sample layout plate. S1-4 = standards 1-4; N = Nil Control plasma; H = Human PPD plasma; A = Avian PPD plasma; M = Mitogen Control plasma; numbers indicate specimen number. Example: 11A = patient sample #11, Avian PPD plasma. Taken from the QFT Package Insert.

At this point, plasma samples could be stored at 2-8°C for up to 14 d or at -20°C for at least 3 months; the MAMC laboratory performed the next step immediately following plasma extraction and stored remaining samples at -20°C.

Gamma-interferon enzyme linked immunosorbent assay (ELISA). The second part of the QFT assay consisted of evaluating the plasma samples for gamma-interferon by ELISA using 96-well microplate strips coated with anti-human IFN- γ murine monoclonal antibody. Samples were pipetted into the 96-well strip plate in the same configuration as **Figure 2**. Low, medium, high, and zero standards were run in duplicate on each 96-well plate. The ELISA and subsequent calculations were performed according to the manufacturer's directions. **Table 1** shows how calculations were performed. Calculations derive the % human response (probability of infection with *M. tuberculosis*) and % avian response (probability of infection with NTM). A human response =30% coupled with an avian response of =10% indicates probable infection with *M. tuberculosis*. A human response =15% and <30% combined with an avian response of =10% indicates that infection with *M. tuberculosis* is likely if the patient had a likely exposure to the organism, or *M. tuberculosis* is not likely if the patient probably did not have exposure to the microbe. Other calculations indicate either no probable infection with *M. tuberculosis* or an invalid result; see Table 2 for an interpretation guideline for the QFT test.

Table 1. Calculations Used to Determine % Human Response and % Avian Difference Values for the QFT Assay.

% Human Response =	$\frac{(H-N) \times 100}{(M-N)}$
% Avian Difference =	$\frac{[(A-N)-(H-N)] \times 100}{(H-N)}$
N = IFN- γ (IU/mL) for Nil Control well	
H = IFN- γ (IU/mL) for Human PPD well	
A = IFN- γ (IU/mL) for Avian PPD well	
M = IFN- γ (IU/mL) for Mitogen Control well	

Table 2. QFT Interpretation Guidelines (QFT Package Insert).

M-N ¹ (IU/mL)	H-N ² (IU/mL)	% Human Response ³	% Avian Difference	Report	Interpretation
≥1.5	≥1.5	≥30%	≤10%	QuantiFERON-TB ≥30%	MTB infection likely
≥1.5	≥1.5	≥15% but <30%	≤10%	QuantiFERON-TB 15-30%	1. MTB infection not likely for low risk individuals; 2. MTB infection likely if risk identified.
≥1.5	All other response profiles			QuantiFERON-TB <15% or not significant	MTB infection NOT likely
<1.5	All other response profiles			QuantiFERON-TB INDETERMINATE	Result not obtained

1 M-N must be ≥ 1.5 IU/mL for a subject to have a valid QuantiFERON-TB result.

If M-N < 1.5 IU/mL the individual is deemed indeterminate for MTB infection regardless of their % Human Response and % Avian Difference results

2 H-N must be ≥ 1.5 IU/mL for a patient to be considered QuantiFERON-TB POSITIVE for MTB infection. The lowest detectable response is 1.5 IU/ml. If H-N < 1.5 IU/mL the individual is deemed negative for MTB infection regardless of their % Human Response and % Avian Difference results

3 A 15% Human Response cut-off is used for individuals with identified TB exposure risk and a 30% cut-off for people with no identified risk factors.

Results

Statistics. All QFT test runs were run in duplicate, and a linear curve was generated for each run to assess accuracy. A correlation coefficient was generated for each plate run calculated from the mean absorbances of the standards; a valid correlation coefficient must be >0.98. The lowest calculated correlation coefficient for a plate run was 0.999 (data not shown). Also, the zero standard duplicate absorbances must be within 0.040 absorbancy units from their mean, and in all cases this was the case (data not shown). Other conditions that must be met for each run include the low, medium, and high standards must be within 15% of their mean optical density values (the % coefficient of variation), and the high standard must have a mean absorbance of =0.700. All of these criteria were valid for the QFT assays run at MAMC (data not shown).

Initial sampling of volunteers. Thirty-nine volunteers were initially screened by both the QFT and TST in a comparative study to validate the QFT assay for the MAMC population. Of these initial 39 volunteers, 32 screened negative with the QFT and 29 screened negative with the TST. Seven individuals were positive with the QFT, while 10 volunteers were TST-positive. Table 3 illustrates numbers of positive and negative specimens for both tests.

Table 3. Initial sampling of volunteers, QFT versus TST.

	Positive	Negative	Total
QFT	7	32	39
TST	10	29	39

BMAR testing. During a 4-month period 146 soldiers considered to be low-risk for *M. tuberculosis* infection were drawn for a QFT test instead of being given a TST as part of their annual BMAR. Seven samples had to be discarded due to lab error, so 139 samples were actually evaluated during this phase. Of the 139 samples tested, 133 were negative by the QFT assay. Two of the samples tested by QFT were positive; in addition, 4 QFT results were interpreted as either negative or positive, depending on specific patient risk for tuberculosis. Only positive or potential positive specimens were tested by TST. Of the 4 specimens that tested either positive or negative depending on patient risk by QFT, 3 were negative by TST and the soldiers were concluded as not having risk for tuberculosis. The other QFT positives were positive by TST; the positive QFT rate was thus 3/139 or 2%. **Table 4** depicts the samples screened by the QFT assay for the BMAR soldiers.

Table 4. BMAR Testing for QFT.

	Positive	Negative	Pos./Neg. ¹	Total
QFT	2	133	4	139
TST	3	3		6

¹Specimens that were either positive or negative, depending on patient risk and history.

Evaluation for suitability in a military population. One of the advantages of the QFT test over the TST is that a repeat visit for interpretation is not necessary for the QFT. This is also an advantage for military units that require their soldiers to be tested for latent *M. tuberculosis* infections before and after they deploy. The projected number of soldiers that were going to deploy and re-deploy from/to Fort Lewis, Washington, from December 2004 through December 2005 was over 16,000. Some of the units were forced to deploy rapidly, sometimes with notice of only a few days, which makes returning for a TST interpretation difficult. In addition, many soldiers that re-deployed received the TST but did not return for interpretation because they were on leave after their return. The TST is usually given when Army units go through the Soldier Readiness Program (SRP). The SRP process at a busy installation such as Fort Lewis sometimes runs 24 h per day, including weekends, with several different units rotating through at different times of the day. The QFT test was evaluated for ease of use and whether it would have potential for use for units that are going through the SRP process. The QFT test was found to be fairly labor intensive up to the point that plates are read by ELISA. The initial step of pipetting collected whole blood into 24-well plates and adding stimulation antigens took approximately 45-60 min for 40 specimens, depending on the laboratory technician. The subsequent collection of plasma after incubation also took about 1 h per 40 specimens. Some laboratory technicians complained about the repetitive pipetting procedure as well. For small sets of samples, these steps are not imposing, but for

Evaluation of the QuantiFERON-TB - con't from page 6

large numbers of specimens (such as a deploying military unit) these steps take a lot of technician time. In addition, once whole blood specimens are drawn they must be initially processed within 12 h, so the laboratory that provides the QFT test for units that are going through the SRP process must be willing to provide coverage at any time of the day and on weekends. Then, plasma must be drawn after specimens have incubated 16-24 h, so this process may also have to be accomplished during off-hours. The QFT test was performed by the Serology section in the MAMC laboratory. The Serology section at MAMC had a CY 2004 workload of approximately 16,000 tests, so the SRP sites at Fort Lewis would have basically doubled the workload of the section this year. Using this test would require more staffing and an increase in budget, since the testing would be transferred from Occupational Health/Preventive Medicine to the lab. In addition, the Serology section at MAMC does not typically work on weekends or during evenings/nights, so staffing for the test may be an issue for similar laboratories.

Discussion

The TST has been widely used as an indicator of latent *M. tuberculosis* infection. However, it has disadvantages, including cross-reactivity with other NTM species, the need for a repeat visit to determine the result, inconsistent interpretation, and potential false negative and false positive results. The FDA-approved QFT test has had comparable results to the TST in the literature and has been recommended as an alternative to the TST (5-8).

The QFT test was analyzed to determine its potential use in a military population. Of the first 39 volunteers tested during the initial validation assay, the QFT test determined that 32 of the 39 individuals were negative for latent *M. tuberculosis* infection. The same individuals received the TST, and 29 of the 39 individuals were negative after induration interpretation. The 3 individuals that were positive by TST but negative by the QFT test were determined to have had minimal risk for latent *M. tuberculosis* infection based on travel and potential exposure history. All 7 individuals who tested positive by the QFT for *M. tuberculosis* were considered to have had risk. Both the sensitivity and specificity of the QFT test for the initial validation study was 100%.

After validation, 146 soldiers were tested initially only by the QFT test during their BMAR. Seven of the specimens arrived to the laboratory over 12 h after whole blood collection, so these specimens were not used in the study. One hundred thirty-three of the 139 specimens tested by QFT were negative for latent *M. tuberculosis* infection, 2 were positive, and 4 were interpreted as positive for *M. tuberculosis* infection if the appropriate risk factors for the organism are present or negative for infection if risk factors are not present. These last 6 individuals were all tested by the TST to correlate results with the QFT test. The 2 individuals that tested positive by QFT were also interpreted as positive with the TST. Three of the 4 individuals that were either positive or negative by the QFT test depending on *M. tuberculosis* risk factors were negative by the TST; all 3 of these individuals were determined to not have risk factors for latent infection. The fourth individual tested positive for latent *M. tuberculosis* infection by TST, and was considered to have had a previous exposure to the organism based on history. The sensitivity of the QFT for the BMAR study was 100% and the specificity was 97.8%. It could be argued that the specificity for the QFT is higher because the interpretation of risk factors for the 4 individuals with either a positive or negative result was correct in each case.

The QFT test was also evaluated for ease of use and time required to perform the assay. As stated in the Results, the initial steps of the QFT test are labor intensive. For relatively small numbers of individuals tested, this is not problematic. However, the QFT test in this iteration is not feasible for large groups of individuals. The QFT test results are comparable, and perhaps superior, to the TST. The QFT test would probably have excellent application for testing individuals in smaller units, such as many medical facilities, and on a cyclical routine, such as the MAMC BMAR. Since individuals do not have to return for an interpretation, performing the QFT assay could conceivably increase testing compliance rates for latent *M. tuberculosis* infections among hospital staff.

It should be noted that Cellestis, Inc., has since released a newer version of the test, called the QuantiFERON-TB Gold (QFT Gold) test (see <http://www.cellestis.com/IRM/contentAU/gold/introQFTGOLD.html>). This version was FDA-approved in December 2004 after this study was completed. The new test has several improvements over the previous version. The QFT Gold test uses antigens that are not found in the BCG organism and from most NTM species, excluding *M. kansasii*, *M. szulgai*, and *M. marinum*. Thus, the QFT Gold may be used on individuals that have had the BCG vaccine, and is less likely to produce a response to NTM species. In addition, the test is also marketed as an In-Tube test. The manufacturer supplies Nil Control and TB-Specific Antigen blood collection tubes. Whole blood is collected in these tubes and incubated at 37°C; there is no pipetting step into 24-well microplates. After incubation, the tubes are centrifuged and plasma

Evaluation of the QuantiFERON-TB - con't from page 7

is removed. At this point, an ELISA is performed as before or the plasma may be stored as described above. Studies indicate that the QFT Gold test is a practical alternative to the TST (3); however, larger study sets probably need to be evaluated. The QFT Gold test, though, reduces some of the labor intensive steps that are present in the QFT test, so the QFT Gold may be a more feasible alternative to the TST for military populations.

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Directions:

Take the Virginia Street Exit off I-80 to Sierra Street. Silver Legacy is located between Fifth Street and Fourth Street. Valet and Self Parking entrances are located on Sierra Street.



Consultant's Corner - *con't from page 3*

To my knowledge, MacArthur is not associated with the military or any particular program on leadership but he is a well known speaker and leader himself regarding people issues in general. I found his thoughts to be highly inspirational so I purchased his book to learn more. MacArthur outlines and discusses 26 principles of leadership, but lucky you, I only have time and space to review three! All his principles are familiar to us, but sometimes it's good to re-focus even for a short time. The more we learn of successful *personal* approaches to leadership and the use of our innate gifts through trying times, or dire circumstances, the more we ourselves will be inspired and successful in leading and interacting with our people.

MacArthur uses an interesting hero-leader as an example of how these principles were applied successfully, and as much as I'd love to relate the entire, truly inspiring story, you will just have to read the book for the details! His example of great leadership in action is a prisoner in chains; on a long journey towards final trial; further imprisonment, and ultimate death. He is a person whose faith, sincerity, and steadfastness are brought to bear during a time of great peril to himself, his captors, and others within his immediate environment. He quickly earns the trust of everyone around him using his own simple innate gifts; gifts that we all possess but may be afraid to use.

The first focus principle is leaders are people who take some sort of action at a time when that is exactly what is required. This is very basic when talking about leadership. However, the obligation, or responsibility to our people that we as leaders inherit as a direct consequence of our action, or decision, is what's important, and this may be a new concept for some. Oh yes, the *overt* impact on our people may be clear, but do we think about any further responsibility *we as leaders* have to our people *once the action is completed*; the decision made; the impact a part of recent history? Leading people means caring about what makes people 'tick', and that means we need to know our people, what we see as well as what we don't see. Their *inner* strengths and weaknesses and what makes up their 'character' are the things we leaders need to know to create successful choices for them as well as ourselves. We must truly care about our people to inspire them. If we care, they will know, and they will support the necessary decision or action even if they have 'a bad feeling' about it. According to MacArthur, "Our culture today is crying for pragmatic solutions, easy formulas, three-step, four-step, or twelve-step programs to answer every human need..." Well, this is familiar too, is it not? In a world driven by profit, competition, or greed, people are being left out of the picture. Perhaps this is why many civilian companies fail today? Perhaps this is why some of our own work areas are experiencing low morale? And although

in a military setting the profit, competition, or greed might look or feel different, they are in truth, the same whether we choose to see it or accept it. We must be watchful.

Leadership is not easy. It takes lots of energy; the energy of caring and of sincerity. Do we care about our subordinates; peers; supervisors? Personally? Professionally? Do we sincerely try to use their ideas and their strengths to help them grow, get the organization to its goal, *and* give them due credit? Are we afraid to let people shine because we may diminish or look less than stellar ourselves? If we are sincerely considering and successfully using these ideas in our daily leadership roles, then I think we're on the right track. I will admit, though, it does get a bit tricky when people seem to have totally opposite goals, doesn't it? Well, that's where MacArthur's other 23 principles could come into play!

Another principle MacArthur discusses is, "never compromise the absolutes [truths]; have empathy for others; keep a clear conscience, and know when to change your mind." I especially like that last one. It can be very hard for leaders to change a decision once made because of the 'saving face' syndrome. I once heard some one say, "Tis a fool who never changes his mind." Don't be afraid to change your mind if that's what is needed. Be honest with yourself and with others. This shows strength of character, and strength of character is one of the special, personal gifts you might possess. Use it appropriately. Do not be harassed into making a wrong decision if you know it's the wrong one. Be clear, persistent, but not a bull. Explain the options and the odds. Truth is always truth, whether we choose to believe it or abide by it. Use all the gifts you have and be an example for your people. MacArthur asks if we as leaders put service and people before self? Do you sacrifice anything for yourself in consideration of those you lead? Are you committed to the people you lead or are you more interested in the personal benefits of being in charge? Does anyone think these look remotely familiar? Like our Air Force core values: integrity, service before self, and excellence in all we do?

Finally, for the purpose of this writing, MacArthur says we must earn the trust of our followers. Yes, we know this one too. Then why do we not spend much time considering this thing called 'trust'? Why do we assume people should do as we say without any thought to team effort? MacArthur brings us into the civilian corporate world for a reminder and example of why this is so important. Senior leadership in the corporate world has been in pretty hot water recently because of lack of care (integrity?), insincerity (self before service), and lack of trust. Aren't their people, like ours, the most important assets they have? This lack of integrity, MacArthur states, has created, "... a vacuum with tremendous opportunity... we need leaders at every level of the social order..." Now, please don't anybody go rushing right

Consultant's Corner - *con't from page 9*

out to fill that void. We have plenty of challenges for all leaders and would-be leaders right here in the DoD! However, we need to consider what the lack of integrity has caused in the world around us and we need to bring that knowledge to bear within our own circles of influence. Personal integrity is one of the strongest attributes any person, let alone any would-be leader, possesses. If the senior leaders of these sad companies were sensitive to the needs of their people and interested in making their people successful, do you think they would have done what they did? That is, taken the actions that discredited the trust their people had placed in them? As leaders, the success of our people brings us success. As MacArthur states,

“...The true leader's passion is to help make the people under him flourish. They must have the heart of a servant. Selfish motives end up leading nobody. Leaders that inspire this type of mistrust are abandoned because they can't be trusted. They are successful only as long as people trust them with their futures, their money, or even their lives. Nothing can take the place of trust, nothing.”

“... or even their lives...” This thought should hit our hearts. Who better than our DoD civilian, enlisted, or officer leadership knows the risk we put our people in every day? We place our personnel onto deployment team and send them out into harm's way once, maybe more, during the course of any year. Do we truly care? Do we love our troops? Do we *tell* them in our supportive actions? Do we say it in the appropriate words or mentoring? I believe many of us do consider these things and are not afraid to act on them. My rhetorical questions are meant to remind us that these are *good things* to continue to do. I agree with MacArthur when he says, “...any person in a ‘power position’ can force people to do what he/she wants; however, that is no example of true leadership.” “Genuine leaders...” he says, “...are surrounded by capable, diligent, effective people who are devoted to their leader. That devotion relies on trust. If you can show people you truly have their best interest at heart, they'll follow you.”

Well, it's time for the final principle: the ‘risk factor’ in leadership. We all know leaders are expected to take a bit of risk sometimes. Even laboratorians can take risks each day in some of the decisions we make, but is it uncalculated risk? MacArthur says,

“ a leader takes only a certain amount of legitimate calculated risk, but never makes a decision which is a pure gamble because wise leaders don't wager with their people. The fastest way to lose credibility as a leader is to make a foolish decision that leads people down a blind alley or off the end of a pier. Would-be leaders fail because they are impetuous; they aren't sensitive; they don't seek wise counsel. Good leaders are analytical. They understand when there is a risk but they assess the risk and plan for contingencies. If disaster is looming and there's no way out, they don't press ahead.”

But I think having courage and taking calculated risks go hand in hand, and so does MacArthur. He says, “Having courage allows a leader to speak with authority, conveying strength, power, and confidence, and courage not based upon knowledge makes it very difficult to lead people. People look for authority they can trust”. There's that ‘trust’ word again and the idea of ‘absolutes’, or truths. He continues, “People who love truth will follow someone who communicates truth with authority; someone who doesn't tiptoe around the facts, evade hard issues, or equivocate on clear matters. Complete honesty lays the groundwork for true credibility.” I believe honesty is something that stems from courage. Do we have the courage to be honest with our people? Do our actions also say it for us?

In closing, I'd like to restate these few principles of leadership are not new in concept, but there may be a new thought or two for some, perhaps most of all for our younger would-be leaders who are still perfecting themselves. Each principle is important for all of us to remember, hone, and put into practice, not just keep in mind. Everyone in a leadership position needs to remember who is important. This entire article has tried to show that it's not “us”, it's “them”. This truth; this absolute, believed and carried out with faith, sincerity, integrity, and courage, will make us successful leaders and we won't even have to remember on what “step” we might be; it'll all be natural. My one regret in writing this article is that I could not show you how MacArthur's example of a leader put all this and more into play in the scenarios of the hero's life struggles, but it's truly inspiring. I hope that you can take home some “nugget” herein to consider and put into practice in your personal lives and professional, leadership career or role. The Bottom Line: We each must *care*.



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MEMBERSHIP APPLICATION

Name		Rank/Grade	SSN
Br of Svc	Duty Status: Active _____ Reserve/NG _____ Civilian _____ Retired _____		Corps
Duty/Business Address			Phone ()
Home Mailing Address			Phone ()
Send Mail to (Check only one): Home _____ Work _____			

EDUCATION

Institution, City, State	Dates Attended	Major	Degree	Laboratory Science* Credit Hours

*Biochemistry, Laboratory Management/Administration, Medical Technology, Anatomical Pathology, Clinical Pathology, Toxicology, Microbiology, Cytology, Biomedical Research, etc.

CERTIFICATIONS, REGISTRATIONS, LICENSURES (DATES)

MEDICAL LABORATORY WORK EXPERIENCE (Military/Civilian)

Location	Position Title	Dates

MEMBERSHIP APPLICATION

AGREEMENT: I hereby apply for membership in the Society of Armed Forces Medical Laboratory Scientists and agree to abide by its Constitution and By-Laws and to support its objectives. I understand that acceptance of my dues is contingent upon approval of my application by the Board of Directors.

ANNUAL DUES: \$15.00/year. Society dues are payable by 31 December of each year to maintain active membership and to continue receiving the Society Scope. Individuals requesting membership after 1 October will have their enclosed dues credited for the following calendar year.

NOTE: Application for membership MUST include a recommendation from a SAFMLS member, so indicated by entry of the member's printed name and signature in the space provided below.

SAFMLS Member's Name (please print) and Signature

Applicant's Signature

Send this application (with dues) to the Secretary"

CDR Christine Congdon
SAFMLS Secretary
110 Murville Court
Jacksonville, NC 28546

Check should be made payable to "Society of Armed Forces Medical Laboratory Scientists" (SAFMLS)

For Use of Board of Directors:

Secretary's Actions

Entered in SAFMLS database _____

Certificate sent _____

Board Actions

Date:

_____ Approved _____ Disapproved

Membership Category: _____ Member _____ Honorary _____ Emeritus

Comments:

Secretary, SAFMLS



**Visit our
WEBSITE**

at

www.safmls.org





The Society of Armed Forces Medical Laboratory Scientists (SAFMLS) 2006 Annual Meeting and Exposition

I invite you to exhibit at our annual convention being held at the Silver Legacy Resort, Reno, NV, 27-30 March 2006. **Vendor exhibition is scheduled for Tuesday, 28 – Wednesday, 29 March 2006.** SAFMLS is a non-profit professional society of medical scientists, technologists, technicians, managers and physicians in the Army, Navy, Air Force, Public Health and Department of Veterans Administration. Last year's meeting in Jackson, FL registered just over 500 attendees. The purpose of the meeting is primarily educational. Topics presented include management, microbiology, toxicology, epidemiology, chemistry, coagulation, hematology, transfusion medicine, original research and military specific topics that have been commonly reported in the press such as Gulf War Syndrome, the DNA identification laboratory at the Armed Forces Institute of Pathology and Weapons of Mass Destruction detection. Workshops will focus on discovering and developing our (individual, lab, service, DoD, and other collaborative) talents to deliver the highest quality of laboratory science and medicine to conserve and protect the fighting force. This meeting provides an opportunity for exhibitor interaction with military decision-makers, giving laboratory managers the best potential to fulfill the vision our leaders have for their services. This is the major scientific meeting of the year for most of these participants and they will travel from locations all over the world to meet with you. This will be the only opportunity many of them have to learn about your organization or product first hand.

Join US!

Although the Armed Forces are faced with many challenges in laboratory medicine, we are committed to a team effort to make military medicine succeed. Thanks to the devoted personnel in the Armed Forces and the vendors who make military medicine a reality, we will continue to thrive for many years. When you register to exhibit your product at this convention, you are showing your support for Military Medicine and ensuring the future of this Society.

Why Reno?

The Silver Legacy Resort, Reno, NV has hosted many of our most successful conferences. Located in the heart of downtown Reno, the Silver Legacy is an exciting first-class hotel offering all the amenities in food and entertainment you have come to expect from a first-class conference center. The exhibition hall is only one block from the hotel in a beautiful new facility and transportation from the airport a short 15 minutes away. You can make hotel reservations now. Reservation code: SAFMLS6 (give this code to the reservation clerk). Reservation phone number: 1-800-687-8733.

Greyhound Exposition Services (GES) will be the decorator for the show. GES National Service Center **1-800-475-2098**; Fax: 1-866-329-1437; servicenter@gesexpo.com.

Complete your booth application by using the attached form. Sign up early to ensure a prime location in the exhibit hall.

Bailey H. Mapp, Lt Col, USAF, BSC
Exhibits Coordinator
Tel: 240-857-3097 DSN 857
Fax: 240-857-7989 DSN 857
mail: bailey.mapp-02@andrews.af.mil

Check Us Out on the Internet at www.safmls.org for current information about the meeting.



**Invitation to Exhibit
Society of Armed Forces Medical Laboratory Scientists
Booth Reservation Request
Silver Legacy Resort Hotel & Convention Center
Vendor Exhibition 28-29 March 2006**

Company Name: _____

Point of Contact: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Fax: _____

Your E-mail Address _____

Please reserve _____ booth(s) at \$1,350.00 per 10' x 10' booth space

Purchase Order Number is requested or 50% Advance Deposit Payment.

Check or PO Number: _____ (Make checks out to "SAFMLS")

Fax or E-mail booth/sponsorship request to:

Lt Col Bailey Mapp
1050 West Perimeter Rd, Room A5-16
Andrews AFB, MD 20762
Tel: 240-857-3097, DSN 857
Fax: 240-857-7989, DSN 857
bailey.mapp-02@andrews.af.mil

Please note: SAFMLS reserves the right to make any changes to the SAFMLS preliminary floor plan and to make booth re-assignments that may be necessary for the overall benefit of the SAFMLS event, but will do their best to keep you in your originally assigned booth location.



Nominee Requirements For SAFMLS Awards 2006

- Nominees must be a regular member of SAFMLS (enlisted nominees may be associate members) with a minimum time of one year as a member of SAFMLS prior to nomination. Must be a member in good standing (dues paid up) to be nominated for ANY SAFML award.
- Must be in the appropriate pay grade at time of award receipt
- Accomplishments cited must be within three calendar years of nomination date
- Individual has not received the award for which they are being nominated in the past three years
- May be nominated for any accomplishments that advance the practice of clinical laboratory medicine at the laboratory, installation, or headquarters level to include but not limited to:
 - Leadership
 - Management
 - Job knowledge
 - Innovation
 - Resource savings
 - Training
 - Significant non-laboratory accomplishments will be considered, but only as they apply to the whole person concept
- Activities promoting SAFMLS are viewed in a positive manner. These may include but are not limited to:
 - Committee membership
 - Written contributions to the newsletter
 - Workshop/Short Topic presentations
 - Poster presentations
 - Annual meeting committee involvement
- Nominations for the award must include which award you are nominating the person for AND:
- Brief biographical sketch of nominee not to exceed one type written 8 ½" X 11" page
- Description of accomplishments limited to two double spaced 8 ½" X 11" pages with one-inch margins and type no smaller than 11 characters per inch

Submit nominations NLT 15 December 2005 to the Awards Committee Chairperson. Awards can be sent via email in PDF format or mailed to:

LTC Kevin M. McNabb, Ph.D.
Director, Microbiology
Brooke Army Medical Center, Dept of Pathology
Bldg. 3600, Room 425-17
3851 Roger Brooke Drive
Fort Sam Houston, TX 78234
COMM: 210-916-0329
DSN: 471

Kevin.McNabb@amedd.army.mil

AWARD DESCRIPTIONS

Each year SAFMLS members have the opportunity to nominate outstanding members for a variety of awards. Nominations are submitted to the awards chairperson. A committee of ex-officio board members select the awardees. If you are interested in nominating one or more individuals for any of the following awards, please read through the nomination criteria found in this issue of the Society Scope and submit your nomination packages by 15 December 2005 LTC Kevin M. McNabb, See contact information on Awards Requirements Page.

OUTSTANDING CLINICAL SCIENTIST

Designed to recognize outstanding contributions by an association laboratory officer in pay grades 0-1 through 0-3 who has excelled in clinical laboratory operations, laboratory management or as a staff officer with special emphasis on advancing the growth and professional goals and objectives of SAFMLS and have demonstrated outstanding leadership in pursuit of excellence for their country and service.

OUTSTANDING LABORATORY MANAGER

Designed to recognize outstanding contributions by an association field grade officer in pay grades 0-4 through 0-5 who has excelled in laboratory management, either directly or as a staff officer with special emphasis on advancing the growth and professional goals and objectives of SAFMLS and the practice of laboratory medicine. They should have also demonstrated outstanding leadership in pursuit of excellence for their country and service.

OUTSTANDING ENLISTED SERVICE MEMBER

Designed to recognize outstanding contributions by an association enlisted service member who has excelled in clinical laboratory operations, laboratory management, or as a staff NCO with special emphasis on advancing the growth and professional goals and objectives of SAFMLS, the practice of clinical laboratory medicine. They should have also demonstrated outstanding leadership in pursuit of excellence for their country and service.

OUTSTANDING RESERVE/GUARD LABORATORIAN

Designed to recognize outstanding contributions by an association reserve/guard member who has excelled in clinical laboratory operations, laboratory management or as a staff officer/NCO with special emphasis on advancing the growth and professional goals and objectives of SAFMLS and the practice of clinical laboratory medicine. They should also have demonstrated outstanding leadership in pursuit of excellence for their country and service.

OUTSTANDING CLINICAL RESEARCH SCIENTIST

Designed to recognize outstanding contributions by an association member in pay grades E-1 through 0-5 who has been involved in clinical research activities promoting laboratory science with a special emphasis on advancing the growth and professional goals and objectives of SAFMLS and the practice of laboratory medicine. They should also have demonstrated outstanding leadership in pursuit of excellence for their country and service.

DISTINGUISHED SERVICE AWARD FOR EXCELLENCE

Designed to recognize substantial contributions above and beyond normal expectations by an association member who has promoted and advanced the growth and professional goals of SAFMLS and the practice of clinical laboratory medicine. They should have demonstrated outstanding leadership in pursuit of excellence for their country and service. All nominations will be forwarded to last year's president who will chair a selection committee for the recipient of the award.

SAFMLS 2006 ANNUAL MEETING SPECIAL MEETING ROOM REQUEST

Title/Function:

Date Required:

Time Range:

Maximum Enrollment:

Meeting Type (e.g., restricted workshop, breakout):

AUDIOVISUAL SUPPORT

Overhead Projector:

35 mm Slide Projector:

Slides Carousels (number):

Video Player and Monitor:

PowerPoint Projector: (workshops and short topics only)

Other, Specify:

NOTE: Laptops will NOT be available in the special meeting rooms. Laser pointers will be available at the information desk (advance request not required).

MEETING ROOM AND SUPPLY REQUIREMENTS

Paper (type/number):

Room Size:

Pencils/Pens:

Tables (type/number):

Flip Chart with Markers:

Arrangement of Tables:

Other, Specify:

PRESENTER/MODERATOR

Name:

Rank:

Branch:

Corps:

Address:

Phone:

Fax:

E-mail Address:

DSN:

If you need a room for a Special Meeting, please complete this application and forward to the Point of Contact below.

Mail, Fax, or e-mail to:

LTC(P) Elaine Perry
AMEDDC&S, DCSS
3151 Scott Rd Ste 1334
Ft Sam Houston, TX 78234

Voice: 210.221.7707
FAX: 210.221.7679
DSN: 471
elaine.perry@amedd.army.mil

For Audiovisual questions contact Brian Casleton

Voice: 210.292.2156
DSN: 554
Brian.Casleton@lackland.af.mil

APPLICATIONS MUST BE RECEIVED BY 15 DEC 2005

SAFMLS 2006 ANNUAL MEETING WORKSHOP & SHORT TOPIC PRESENTATIONS

Please select between short topic presentations or workshop. Select the appropriate length of your presentation.

<input type="checkbox"/> SHORT TOPIC	<input type="checkbox"/> 20 minutes	<input type="checkbox"/> 40 minutes	<input type="checkbox"/> WORKSHOP	<input type="checkbox"/> 2 Hour	<input type="checkbox"/> 4 Hour
--------------------------------------	-------------------------------------	-------------------------------------	-----------------------------------	---------------------------------	---------------------------------

PRESENTER/SPEAKER

Name:	Rank:	Branch:
-------	-------	---------

Mailing Address:

e-mail:	Phone:	DSN:	Fax:
---------	--------	------	------

AUDIOVISUAL SUPPORT

35 mm Slide Projector: <input type="checkbox"/>	Slides Carousels (<i>number</i>):
-------------------------------------------------	-------------------------------------

Video Player and Monitor: <input type="checkbox"/>	LCD (PowerPoint type) Projector: <input type="checkbox"/>
----------------------------------------------------	-----------------------------------------------------------

Other, Specify:

NOTE: Laptops will only be provided at the Short Topics sessions. All workshop presenters must provide their own laptop. **Please only mark what you really need — we are charged for these items and it is expensive.**

PRESENTATION

Title:	Maximum enrollment:
--------	---------------------

Objectives: Please list 3 objectives participants will take from your presentation. This is required for CME accreditation.

Objective 1:

Objective 2:

Objective 3:

Mail, Fax, or e-mail to:

WORKSHOPS:

Maj Imelda Catalasan
AFIP/CCLM
Bldg 54, Rm G0133
6825 16th St NW
Washington, DC 20306

Imelda.catalasan@afip.osd.mil
Phone: (202) 782-2582
Fax: (202) 782-6022
DSN 662

SHORT TOPICS:

CDR Cindy Wilkerson
Naval Hospital Camp Lejeune
6000 West Highway 98
Pensacola, FL 32512

Cynthia.e.wilkerson@pcola.med.navy.mil
Phone: (850) 505-6220
Fax: (850) 505-6259
DSN 534

In addition to this completed form, please e-mail abstracts and presenter's curriculum vitae (CV) in Microsoft Word format to address above. CV's are limited to one page only. Abstracts will be published in 2006 SAFMLS Meeting Program. If you do not receive confirmation within 3 days please call to verify submission.

APPLICATIONS MUST BE RECEIVED BY 16 DEC 2005



POSTER GUIDELINES AND APPLICATION

To all SAFMLS members and prospective 2006 SAFMLS Meeting attendees, submitting a poster is an excellent way to participate and demonstrate your laboratory's accomplishments. Both clinical and research categories may be submitted. Many creative topics have been submitted during past meetings and have included, but are not limited to, the following:

- Correlation Studies
- Cost Analysis
- Management Issues
- Deployment Adventures
- Basic Science Research
- Applied Research
- New Method Development
- Collaboration Experiences

Awards for the best clinical and research posters will be selected during the meeting by members of the Awards Committee, and the winners will be recognized at the Awards Ceremony. Criteria for grading the posters include the following: Length and clarity of the hypothesis or purpose; clarity of methods, procedures, or applicable approaches in answering the hypothesis; clarity of the results and conclusions derived; use of graphs, photos, text and tables to assist in analysis of information presented, and the overall quality of the poster. **It is required that the author/s of the poster need to be present during the judging process in order to answer questions.**

To submit your abstract(s), complete the following document. Abstracts must include a hypothesis or purpose, materials and methods, results, and conclusions. Please ensure that a one-page CV for only the first author accompanies each abstract submission.

SAFMLS 2006 ANNUAL MEETING POSTER APPLICATION

TITLE:

AUTHORS:

LOCATION:

ABSTRACT:

1st Author's e-mail address:

1st Author's mailing address:

1st Author's phone number:

E-mail the completed submission forms to Maj Clarence Gagni at clarence.gagni@travis.af.mil. If you have questions you can e-mail or call (707) 423-7615 DSN 799-7615. Thank you.

APPLICATIONS MUST BE RECEIVED BY 15 DEC 2005



CALL FOR NOMINATIONS FOR 2006 SAFMLS BOARD POSITIONS

- **Open Positions:** Pres Elect (Army Nominee), VP (AF Nominee), Army/AF/Navy Member-at-Large.
- Nominees must be a regular member of SAFMLS
- Send the following to the SAFMLS Secretary, CDR Chris Congdon, email: CLCongdon@nhcl.med.navy.mil. Phone: 910-450-4612/ DSN:750-4612.
 - o Nomination Letter
 - o Letter of Intent (1 page)
 - o Picture (electronic preferred)
 - o CV (1 page)
- The Officers of the Society shall be, by order of succession, President, VicePresident, Treasurer and Secretary. A conscious effort should be made to effect multiple agency representation among the Officers of the Society and under no circumstances will the President be from the same service for more than two consecutive terms.
- The Officers and a PresidentElect shall be elected annually from among the commissioned officers of the Society by majority vote during the Business Session at each Annual Meeting, with the exception of the Treasurer and Secretary, who shall be elected for a three-year term.
- The Officers shall take office at the conclusion of each Annual Meeting, and shall be responsible for the affairs of the Society during the following year, and for the conduct of the succeeding Annual Meeting.
- The PresidentElect will serve as a Society President the year following the term of office of the current President, and shall serve during this interim period as a nonvoting member in all meetings of the Board of Directors, unless the PresidentElect qualifies as a voting member under Articles IV or V or the Bylaws.
- The VicePresident, in the event the President is unable to serve, shall assume all the President's functions.
- There shall be seven Members-at-Large, each elected for a period of two years. Six of the seven Members-at-Large shall be Commissioned Officer Members, with not more than two members from any one service. In addition, one term for each service will expire each year. The seventh Member-at-Large will be an Enlisted Member representing any service. Each Member-at-Large will have one vote.



The Society of Armed Forces Medical Laboratory Scientists Constitution and (Proposed) Bylaws



ARTICLE I NAME

The name of this organization shall be “The Society of Armed Forces Medical Laboratory Scientists, Inc.,” organized under the Non-Stock corporation provisions of the Articles of Incorporation of the State of Maryland.

ARTICLE II PURPOSE AND OBJECTIVES

1. The corporation is organized exclusively for charitable, educational and scientific purposes in relationship to the laboratory sciences. The primary objective is that of maintaining and enhancing high professional standards through improved laboratory policies and technology in support of the health care delivery systems of the Armed Forces, Public Health Services and Veterans Administration.
2. At least one meeting (a.k.a., Annual Meeting) shall be held annually and be dedicated to scientific and technology discussions concerning the upgrading of laboratory sciences and advanced methodologies, as well as laboratory management and leadership.
3. The Board of Directors shall define and elaborate on the above via appropriate Bylaws, subject to approval by the voting Members.

ARTICLE III MEMBERSHIP

1. Membership shall be open to qualified military (active and reserve component), Public Health Service and Veteran’s Administration personnel, and their affiliated scientists concerned with the support of health care via laboratory research and evaluation.
2. Membership criteria shall be established by the Board of Directors and specified in the Bylaws. There will be no discrimination based on sex, religion, race, color, or national origin.
3. A Membership Committee, appointed by the President to determine eligibility, shall review all applicants for membership. The Membership Committee will send an applicant report to the Secretary for presentation and acceptance prior to each Board meeting.
4. The Board of Directors will vote on all applicants for membership with a two-thirds majority of a quorum required for approval.

ARTICLE IV OFFICERS

1. The Officers of the Society shall be, by order of succession, President, Vice-President, Treasurer, and Secretary. A conscious effort should be made to effect multiple agency representation among the Officers of the Society and under no circumstances will the President be from the same service for more than two consecutive terms.
2. The Officers and a President-Elect shall be elected annually from among the Members of the Society by majority vote

during the business meeting at each Annual Meeting, with the exception of the Treasurer and Secretary, who shall each be elected for a three-year term.

3. The Officers shall take office at the conclusion of each Annual Meeting, and shall be responsible for the affairs of the Society during the following year, and for the conduct of the succeeding Annual Meeting.

4. The President shall direct the activities of the Society and preside over the Annual Meeting. He/she shall appoint all committee chairs. The President shall additionally serve as a non-voting Member of the Board of Directors during the year following his/her term of office. The President is responsible for financial transactions if the Treasurer becomes unable to perform these duties. The President has the authority to appoint interim Officers in the event that an Officer cannot complete his or her term, with approval by majority vote of the Board of Directors. The Officer would serve until an elected Officer can assume those duties.

5. The President-Elect will serve as the Society President the year following the term of office of the current President, and shall serve during this interim period as a non-voting Member in all meetings of the Board of Directors, unless the President-Elect qualifies as a voting Member under Article V of the Bylaws.

6. The Vice-President, in the event the President is unable to serve, shall assume all the President's functions. The Vice President shall serve as the Chair, Annual Meeting Planning Committee. The Planning Committee shall plan and propose to the Board of Directors the program for the Annual Meeting of the Society. In the event that the Vice President cannot serve in this role the President will appoint the Chair, Annual Meeting Planning Committee.

7. The Treasurer shall be responsible for the financial affairs of the Society and shall collect all money for the Society and make all authorized disbursements on its behalf. The Treasurer shall prepare an annual financial report to be presented at the Annual Meeting. The Board of Directors shall designate a Certified Public Accounting firm to assist the Treasurer in maintaining appropriate financial records, conduct audits as needed, and prepare tax returns. The Treasurer's account shall also be reviewed annually by a committee of at least three Members appointed by the President.

8. The Secretary shall keep minutes of the Annual Business Meeting and meetings of the Board of Directors. He/she shall be responsible for all correspondence of the Society, including receiving new member applications. The Secretary shall maintain and manage the membership database and generate dues notices annually.

ARTICLE V BOARD OF DIRECTORS

1. Voting members of the Board of Directors will consist of the four elected Officers, Ex-Officio members, and Members-At-Large. Non-voting members include the President-Elect, immediate Past President, Editor of Society Scope, Chair of the Exhibits Program, Historian, and Webmaster.

2. Two-thirds of the voting members assigned within the continental United States shall compose a quorum of the Board of Directors.

ARTICLE VI AMENDMENTS AND BYLAWS

1. This Constitution and Bylaws may be amended by request of two-thirds of a quorum of the Board of Directors, and approved by two-thirds of the Members present at the Business Meeting.

2. Any Full Member may propose Bylaws not in conflict with the Constitution.

ARTICLE VII BUSINESS MEETING

1. In all matters not covered by the Constitution, or subsequent Bylaws, the provisions of Robert's Rules of Order will apply.

2. During each Annual Society Meeting, a period of time will be reserved for a Business Meeting during which the business of the Society will be transacted. Attendance will be open to all members.
3. Only Full Members may vote during Business Meetings.

ARTICLE VIII EXPULSION OF MEMBERS

1. If it is alleged that any Member has conducted himself/herself in a matter detrimental to the purposes and goals of this Society, any Member may bring the fact of the case to the attention of a Member of the Board of Directors.
2. The Member shall be given at least 60 days in which to prepare his/her response to the allegation, after which he/she shall be invited to appear before or present a written statement to a quorum of the Board of Directors. If it is the opinion of two-thirds of the quorum of the Board of Directors that the charges have been substantiated, the matter shall be presented at the next Business Meeting of the Society, and upon a two-thirds concurring vote of the Members present, he/she shall be expelled permanently from the organization.

ARTICLE IX SUSPENSION OF REQUIREMENTS

1. Provisions of this Constitution, such as the required Annual Meetings of the Society, shall be suspended during periods of War or other National Emergency. Such suspension shall be authorized by the concurring two-thirds vote of the Board of Directors polled by telephone or electronic message at the request of the President of the Society. The Secretary shall then notify the membership in writing within 30 days.
2. In such an event the President may designate three voting members of the Board of Directors as a Board of Regents to conduct the affairs of the Society for the duration of the emergency.
3. Such Regents shall have all the powers and responsibilities delegated otherwise to the Officers and Board of Directors. They shall function by majority vote in such manner as may seem to them most expeditious.
4. In the event of the incapacity of any Regent by death, illness or any other unforeseen event, he/she shall be succeeded in order of rank by one of the remaining voting members of the Board of Directors.

BYLAWS

1. Membership shall be open to commissioned officers and enlisted personnel of the Armed Forces, members of the Office of Personnel Management, Public Health Service, and Veteran's Administration personnel, recommended by the Board of Directors, provided the following criteria are met:
2. Membership Categories:
 - a. Full Members:
 - (1) Commissioned officers and enlisted personnel of the active and reserve components from one of the Uniformed Services or personnel in full employ of the Veteran's Administration or Office of Personnel Management.
 - (2) Qualifications in one or more of the recognized biomedical laboratory science disciplines (e.g. Biochemistry, Laboratory Management/Administration, Medical Technology, Anatomical Pathology, Clinical Pathology, Toxicology, Microbiology, Cytology, Biomedical Research, etc.). Such qualifications shall require a baccalaureate degree from an accredited college/university including courses in biological science, chemistry and mathematics. Be in good standing professionally.
 - (3) Only Full Members are entitled to vote on Society matters.
 - b. Associate Members:

(1) Enlisted personnel of the active and reserve components from one of the Uniformed Services or personnel in full employ of the Veteran's Administration or Office of Personnel Management.

(2) Qualifications in one or more of the recognized biomedical laboratory science disciplines (e.g., Biochemistry, Laboratory Management/Administration, Medical Technology, Histology, Clinical Pathology, Toxicology, Microbiology, Cytology, Biomedical Research, etc.). Such qualifications shall require an associate degree from an accredited college/university including courses in biological science, chemistry, and mathematics, and have a minimum of three years of laboratory experience, or successful completion of an official U.S. military medical laboratory procedures training course, and have a minimum of six years of laboratory experience.

(3) An Associate Member will be a non-voting Member of the Society.

c. Honorary Members:

(1) Those recommended by the Board of Directors and confirmed by a two-thirds majority vote of Regular Members at the Annual Business Meeting (e.g., distinguished scientists, physicians or others associated with laboratory medicine.)

(2) An Honorary Member will be a non-voting Member of the Society.

d. Emeritus Members:

(1) Members, Associate Members and Honorary Members who have retired from professional employment because of length of service or physical disability.

(2) An Emeritus Member will retain the same voting status as the Member had before retirement.

3. There shall be seven Members-at-Large, each elected for a period of two years. A Member-at-Large must first be a Full Member of the Society except where indicated below. Six of the seven Members-at-Large shall be Commissioned Officer Members, with not more than two members from any one service. In addition, one term for each service will expire each year. The seventh Member-at-Large will be an Enlisted Member from any service. The Enlisted Member may be a Full or Associate Member. If an Associate Member is selected, he/she will have voting privileges during his/her term on the board. Each Member-at-Large will have one vote.

Members-at-Large shall solicit at least one article per year per military service branch, supporting the purpose and objectives of the Society, for publication in the Society Scope. Members-at-Large shall engage in active advocacy and recruiting for Society members. Members-at-Large shall provide support to the Annual Meeting as directed by the Planning Committee Chair. Members-at-Large will be the first considered to fill board member roles, such as Acting Secretary at board meeting, in the event a board member is temporarily unable to participate in Society functions (e.g., deployed). This interim appointment will be made by the President and approved by majority vote of the Board of Directors.

4. The Ex-Officio members shall be the Surgeons General Military Consultants in Laboratory Science and in Pathology from each of the three services. The Ex-Officio members will have full voting privileges.

5. The Society President shall appoint or reappoint annually the Editor, SOCIETY SCOPE who will coordinate and publish the Society's official publication. The Editor shall serve as a non-voting Member of the Board of Directors. The appointment must be approved by majority vote of the Board of Directors. Since the SOCIETY SCOPE is a primary source of Society information, the Editor will keep in close communication with the Society Officers and will be responsible for recruiting and publishing technical papers and administrative reports to foster the Society's professional growth. The Editor shall serve as a non-voting Member of the Board of Directors and may appoint other Society members to assist with publication (e.g., Advertising Manager). Due to the continuity required of this office, the editor of the SOCIETY SCOPE will not serve for a specified term length. The number of terms served will depend on willingness to serve and quality of service.

6. The Society President shall appoint or reappoint annually a SAFMLS web page manager (webmaster) who will coordinate and maintain the SAFMLS Internet web page. The appointment must be approved by majority vote of the Board of Directors. The Webmaster shall serve as a non-voting Member of the Board of Directors. The Webmaster shall stay in regular communication with Society officers to insure current, accurate, and relevant information is maintained on the SAFMLS web site. Due to the special skills and continuity required for this position, the Webmaster will not serve for a specified term length. The number of terms served will depend on willingness to serve and quality of service.

Society Scope

7. The Society President shall appoint or reappoint a Society Historian. The appointment must be approved by majority vote of the Board of Directors. The Historian shall serve as a non-voting Member of the Board of Directors. The Historian will be responsible for collecting, preserving, and publishing historical information relating to the activities of the Society. Additionally, the Historian will maintain a current written history of the society. To assist with the collection of historical data, the Historian will have access to all Society minutes and records from board and Annual Meeting. The historian will also be responsible for ensuring that photographic records are obtained and maintained from all Society meetings. Due to the continuity required of this office, the Historian will not serve for a specified term length. The number of terms served will depend on willingness to serve and quality of service.
8. The Society President shall appoint or reappoint annually a Chair, Exhibits Program (a.k.a. Vendor Coordinator/Site Selection Coordinator) who shall be responsible for the Annual Meeting site selection and coordination of the Annual Meeting events to include facilities and exhibitor (vendor) participation. The appointment must be approved by majority vote of the Board of Directors. The Chair shall maintain all contracts dealing with the Annual Meeting and bring those contracts to all Board of Directors meetings. The Chair shall be a non-voting Member of the Board and will not serve for a specified term length. The number of terms served will depend on willingness to serve and quality of service. Site selections shall normally be made a minimum of three years in advance, and approved by two-thirds majority vote of a quorum of the Board of Directors. The President will be authorized to sign all contractual arrangements once the Board of Directors approves the specific city, hotel, and/or convention center.
9. The Annual Meeting shall include a commercial vendor's exhibit designed to bring the latest equipment, supplies, and methodologies to the attention of the Membership.
10. The Annual Meeting and Vendor Exhibit shall be open to non-Member military and civilian laboratory employees. The Board shall determine any registration fees.
11. The Society President shall appoint a Chair, Awards Committee. The Awards Committee will normally be made up of Ex-Officio members and the Chair appointed by the President. The Awards Committee shall select the winners of all the competitive awards presented at the Annual Meeting except the Distinguished Service Award for Excellence. A committee composed of the former Presidents and chaired by the immediate Past President selects the recipient of this award.
12. The Board of Directors shall be empowered to transact all business in the name of the Society. The expenditure of money for new obligations will require a majority vote of a quorum of the Board. Approval for new expenditures exceeding 25 percent of the un-obligated money in the Treasury will require a two-thirds majority vote of a quorum of the Board.
13. Special Meetings of the Board of Directors may be called by the President of the Society or by written request of four or more members of the Board. In order to expedite business matters during these meetings, votes may be cast via conference call or by E-mail.
14. In the event of inability of both the President and Vice-President to function as Chair, a quorum of the Board of Directors shall designate a President pro tempore who shall function as President.
15. Society dues shall be set by the Board of Directors, and paid by all Members, Associate Members, and Emeritus Members.
16. Society annual dues will be payable by 31 March of each year. Members who are one year in arrears on 31 March will be suspended from the Society.
17. Application for membership or for change in category of membership shall be made on a form approved by the Board of Directors and shall be submitted in a manner specified on the form. The application shall be accompanied by an annual dues payment.





Would you be interested in a SAFMLS Sponsorship opportunity? Your company's name will be published in the program and a poster will be in place on-site to tell members of your support.

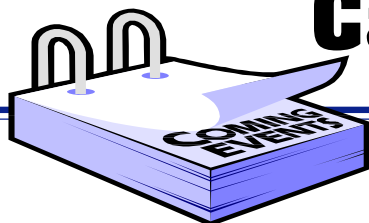
	Yes	No
Hospitality evening (Average cost \$15,000)	_____	_____
Afternoon Break (Cost \$2,000)	_____	_____
Continental breakfast (Cost \$2,000)	_____	_____
Award (Cost \$200)	_____	_____
Other	_____	_____

If you have any questions about sponsorship, please call. Fax or mail booth/sponsorship request to:

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1050 West Perimeter Rd, Room A5-16
Andrews AFB MD 20762
Tel: 240-857-3097, DSN 857
Fax: 240-857-7989, DSN 857
bailey.mapp-02@andrews.af.mil

2005 - 2006 SAFMLS Board of Directors

Rank	First	Last	Service	Position	Email
CDR	Brenda	Bartley	USN	Member-at-Large	navy.member1@safmls.org
LTC	Marilyn	Brew	USA	Past President	past.president@safmls.org
COL	Mark	Brissette	USA	Ex-Officio	army.path.ex-officio@safmls.org
CDR	Larry	Ciorlorito	USN	Ex-Officio	navy.mt.ex-officio@safmls.org
CDR	Chris	Congdon	USN	Secretary	secretary@safmls.org
LCDR	Mark	Crowell	USN	Member-at-Large	navy.member2@safmls.org
LTC	Danny	Deuter	USA	Historian	historian@safmls.org
HM1	Antonio	Estrada	USN	Enlisted Member-at-Large	enlisted.member@safmls.org
CDR	Michael	Finch	USN	Webmaster	webmaster@safmls.org
LCDR	Brian	Ivey	USN	Treasurer	treasurer@safmls.org
Maj	Norman	Fox	USAF	President	president@safmls.org
LtCol	Brian	Kendall	USAF	Ex-Officio	air.force.path.ex-officio@safmls.org
CDR	Dave	Larson	USN	Ex-Officio	navy.path.ex-officio@safmls.org
LTC	Michael	Lopatka	USA	Member-at-Large	army.member1@safmls.org
Maj	Marybeth	Luna	USAF	Member-at-Large	air.force.member1@safmls.org
LtCol	Bailey	Mapp	USAF	Conference Director / Site Selection	conference.director@safmls.org
LTC	Kevin	McNabb	USA	Editor, The Society Scope	scope@safmls.org
LTC	Michael	Miller	USA	Member-at-Large	army.member2@safmls.org
LtCol	Lucia	More	USAF	Member-at-Large	air.force.member2@safmls.org
COL	Elaine	Perry	USA	Vice President	vice.president@safmls.org
Col	Donna	Roncarti	USAF	Ex-Officio	air.force.mt.ex-officio@safmls.org
COL	Noel	Webster	USA	Ex-Officio	army.mt.ex-officio@safmls.org
CDR	Cynthia	Wilkerson	USN	President-Elect	president.elect@safmls.org



Calendar of *Events*

COURSE INFORMATION

The American Society of Hematology
47th Annual Meeting
and Exposition

Location

New Orleans, LA

Dates

Dec 3-6

CLMA ThinkLab '06 Conference
& Exhibition

Charlotte, NC

Mar 18-21

Clinical Ligand Assay
Society National Meeting 2006
Technologies for Personalized Medicine

Louisville, Kentucky

May 22-25



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