



Summer

Greetings from Region IX Director

Mother Nature has been unkind this spring and summer with rain and flooding! To those that have been affected, my thoughts are with you during the turmoil

Region IX Education Day this year was in Calgary, the Education Day report can be found on page 2.

Again this year we have had only two people apply for the Region IX Awards. Appears that there is no interest, or members are just too busy to apply. I plan on having a Region IX executive meeting in Austin to decide on the future of our Awards.

This will be my last edition of the Cutting Edge, as my term as Region IX Director officially ends at the end of August. I have truly enjoyed my time as Director, and meeting many Region IX members the past four years. I would like to thank Region IX Executive for all their support and hard work.

Ann Lynde

"Summer afternoon - summer afternoon; to me those have always been the two most beautiful words in the English language" Henry James

SUMMER 2014

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Future Dates

41st Annual Symposium/Convention
August 28-September 2,
2015
Washington, DC

NSH 40th Convention/Symposium
Austin, Texas
August 21-27, 2014

See you in Austin!!

Education Day Report

The Region IX Education Day was held in Calgary on the May 24-25th weekend. Although the attendance was a little lower than expected we had a great weekend with Friday's speaker Dr Stefanie Czub enlightening the group about working with Prions.

The morning sessions were jump started with Karen Matthews and her personal passion test followed by Dr Martin Trotter who gave an excellent presentation on immunohistochemistry quality assurance. Our own Region IX Director, Ann Lynde presented on the difficult topic of bullying in the workplace, followed by Drs Waghray, Fontaine and Dvorakova speaking on the evolution of Cytology laboratory testing. The meeting ended with Dr Steele presenting the real CSI Miami, featuring several case studies from her work in Florida in the forensic autopsy area.

The vendors were well supported and the attendees appreciated having a variety of booths to visit during their breaks. Leica brought their portable lab; a semi-trailer which they parked in the neighboring lot. ESBE, Somagen, Roche, Dako, Fisher Scientific and Intermedico all had booths at the show with equipment, brochures and their outstanding sales reps.

Behind the scenes, the secret of the success of this event was truly due to the dedication of our education team volunteers. Tammy Pickles and Keri Colwell looked after the vendor booths. Masaye Tanaka was my co-chair and organized the hotel, food and beverages and the room layout as well as the audio visual set up. Ann Lynde provided support throughout all aspects of this meeting and Tracey Lenek helped find speakers. Karen Kay assisted with speaker introductions and worked registration with our treasurer, Corrine Chow. Thanks to everyone who made this a successful event!!

Next year we are discussing ways to increase attendance which may involve piggy backing on another Pathology meeting like the cIQc where we could potentially add an additional day to their education event.

I look forward to seeing you at the event next year.

All the best, Lisa Manning
Region IX Education Chair

Hospitals Have Ownership Over Patients Tissue

Decision marks first time a Canadian court has addressed complex health issue

Monday, 16 June 2014 Canadian Law Times

Tissue removed from your body for diagnostic reasons may be a piece of your own flesh, but once it's out, the hospital that excised it can have ownership of it, according to a Superior Court ruling that marks the first time a Canadian court has addressed the issue.

In *Piljak Estate v. Abraham*, Master Ronald Dash adopted the position of a *Canadian Medical Association Journal* article that suggested both the possession and ownership of the tissue transfer to the hospital after removal. He made the findings in a medical negligence case in which the defendants moved for genetic testing of liver tissue taken from Snezana Piljak under Rule 32.01.

"The authors state that it 'is unquestionably true that patients own their tissue before it is excised,' and while it has never been squarely dealt with by a Canadian court, they conclude that diagnostic tissue, once excised becomes a 'component of the medical record,'" he said in summarizing the journal article.

"As such, 'both possession and ownership are transferred to the institution' and 'by virtue of it being part of the medical record, diagnostic tissue is therefore owned by the institution or hospital,'" he added.

"At best a patient is entitled to 'reasonable access.' The authors note that their conclusion has been supported by American jurisprudence. While this is not binding on me I find the reasoning compelling and I adopt its conclusions."

He continued: "Ms. Piljak's excised tissue is therefore owned by Sunnybrook Hospital, whose pathology department performed the diagnostic tests and in whose archives the tissue is kept. As the excised tissue is subject to rights of ownership, and since the tissue is clearly a moveable, I conclude that it is personal property to which inspection and testing under rule 32.01 may apply."

Lawyers say the decision could have significant implications, including for people such as cancer patients who would like to have a piece of their tissue transferred from a hospital for a clinical trial that offers their last hope for a cure.

Dash's ruling is the first Canadian court decision to squarely address the ownership of excised diagnostic tissue, says Bella Martin, co-author of the journal article accepted by the court.

Martin, who's also general house counsel for the University Health Network, says the decision is significant as the issue comes up frequently at the UHN and other hospitals.

"I can tell you that the issue of whose tissue is it is a recurring issue at our hospital and, I have to assume, in many hospitals," she says.

"There are competing interests in that tissue. You've got the patient who feels it is theirs, it comes from their body so they should be able to direct what happens to it, and there are researchers . . . who feel, with the patients' consent or on their own, that they should be able to access that tissue. And then, of course, there's the institution housing the tissue that feels it should be theirs."

At the UHN, hospitals use excised tissue for teaching, research, and legal purposes. They also use tissue to conduct genetic testing on patients' children years later when new medical knowledge may shed added light on a disease.

As it has in the past, the hospital will continue to give patients access to their tissue when they're seeking alternative treatments or medical opinions as long as it will have a sufficient amount left for its record, says Martin.

"This is not about hoarding the material and denying access to the patient," she adds.

"It's just that when it gets down to this small amount . . . if what's required is to deplete all of that . . . we're a little more protective of that."

While an appeal court may well overturn Dash's decision, "for the time being, this is the law," says Martin.

But health lawyer Alan Belaiche says the conclusion that the hospital has ownership of the issue is "overly simplistic." He believes the law should restrict hospitals' ownership of excised diagnostic tissue to a certain number of purposes.

"The suggestion that a patient relinquishes his or her right in that tissue is just not consistent with more compelling reasons for why not," he says.

"There's a line of cases in the U.S., for example, about genetic markers and the suggestion that a patient would relinquish all of their rights such that a hospital would be able to commercially exploit the tissue for some hidden genetic markers or something is just not good law," he adds.

"It's just not a good practice. Similarly, for the tissue to be used for other

other purposes isn't consistent with the meaning of diagnostic tissue."

Reasonable access to inspect the excised tissue should be "part of the spectrum of rights" of the patient, according to Belaiche.

The ownership issue arose in a medical negligence case in which the defendant doctors sought access to a tumour one of them had removed from Piljak's body during a colonoscopy. Getting access to the tissue and conducting a genetic test on it could bolster their defence, they suggested.

After Piljak died from colorectal cancer, her estate sued the doctor who performed the colonoscopy, as well as his colleagues, for medical negligence. The doctors say genetic testing on the excised tissue could corroborate or refute evidence that Piljak had died from a kind of hereditary colorectal cancer that develops rapidly and that doctors can easily miss despite proper colonoscopies.

Despite his findings about the ownership and personal property issues, Dash rejected the defendants' request for access to the tissue for several reasons, including a lack of detailed evidence about the proposed tests on the tumour.

In rejecting the defendants' request, Dash cited the failure to iron out the details of the methodology used to conduct the genetic testing, provide evidence there would be sufficient tissue left for the record after the tests, and show where they would take place.

"Second, in my view the rule presupposes that the person inspecting the property and conducting tests thereon is either a party or an expert retained by a party, or at least a person willing and able to perform the tests at the request of a party," he wrote. The moving party hadn't retained the doctor who would conduct the tests, he added. In addition, there was no evidence as to whether the doctor would actually do the tests, he noted.

Nevertheless, Dash suggested the defendants "could improve their position" if they brought a fresh motion providing more evidence and detail about the testing.

BACK NINE

You know ... Time has a way of moving quickly and catching you unaware of the passing years. It seems just yesterday that I was young, just married and embarking on my new life with my spouse. Yet in a way, it seems like eons ago, and I wonder where all the years went. I know that I lived them all. I have glimpses of how it was back then and of all my hopes and dreams.

But, here it is... The “back nine” of my life and it catches me by surprise...How did I get here so fast? Where did the years go and where did my youth go?

I remember well seeing older people through the years and thinking that those older people were years away from me and that “I was only on the first hole” and the “back nine” was so far off that I could not fathom it or imagine fully what it would be like.

But, here it is...most my friends are retired and getting gray...they move slower and I see an older person now. Some are in better and some worse shape than me...but, I see the great change...Not like the ones that I remember who were young and vibrant...but, like me, their age is beginning to show and we are now those older folks that we used to see and never thought we'd become.

Each day now, I find that just getting a shower is a real target for the day! And taking a nap is not a treat anymore... it's mandatory! Cause if I don't on my own free will... I just fall asleep where I sit!

And so...now I enter into this new season of my life unprepared for all the aches and pains and the loss of strength and ability to go and do things that I wish I had done but never did!! But, at least I know, that though I'm on the “back nine”, and I'm not sure how long it will last...this I know, that when it's over on this earth...it's over. A new adventure will begin! Yes, I have regrets. There are things I wish I hadn't done...things I should have done, but indeed, there are many things I'm happy to have done. It's all in a lifetime.

So, if you're not on the “back nine” yet...let me remind you, that it will be here faster than you think. So, whatever you would like to accomplish in your life please do it quickly! Don't put things off too long!! Life goes by quickly. So, do what you can today, as you can never be sure whether you're on the “back nine” or not!

You have no promise that you will see all the seasons of your life...so, live for today and say all the things that you want your loved ones to remember...and hope that they appreciate and love you for all the things that you have done for them in all the years past!!

"Life" is a gift to you. The way you live your life is your gift to those who come after.

Make it a fantastic one. LIVE IT WELL! ENJOY TODAY! DO SOMETHING FUN! BE HAPPY! HAVE A GREAT DAY

Remember "It is health that is real wealth and not pieces of gold and silver. LIVE HAPPY.

Lastly consider this: ~Your kids are becoming you.....but your grandchildren are perfect! ~Going out is good.. Coming home is better! ~ You forget names. But it's OK because other people forgot they even knew you!!! ~You realize you're never going to be really good at anything.... Especially golf. ~The things you used to care to do, you no longer care to do, but you really do care that you don't care to do them anymore. ~You sleep better on a lounge chair with the TV blaring than in bed. It's called "pre-sleep". ~You miss the days when everything worked with just an "ON" and "OFF" switch.. ~You tend to use more 4 letter words ... "what?"..."when?"..." ??? ~Now that you can afford expensive jewelry, it's not safe to wear it anywhere. ~You notice everything they sell in stores is "sleeveless"?!!! ~What used to be freckles are now liver spots. ~Everybody whispers. ~You have 3 sizes of clothes in your closet.... 2 of which you will never wear. ~~~But Old is good in some things: Old Songs, Old movies, and best of all, OLD FRIENDS!!

Stay well, my Region IX friends and remember:
TODAY IS THE OLDEST YOU'VE EVER BEEN, YET THE YOUNGEST YOU'LL EVER BE, SO ENJOY THIS DAY, AND EVERY DAY!

Facebook is a popular free social networking website that allows registered users to create profiles, upload photos and video, send messages and keep in touch with friends, family and colleagues. The site, which is available in 37 different languages, includes public features such as:

- Marketplace - allows members to post, read and respond to classified ads.
- Groups - allows members who have common interests to find each other and interact.
- Events - allows members to publicize an event, invite guests and track who plans to attend.
- Pages - allows members to create and promote a public page built around a specific topic.
- Presence technology - allows members to see which contacts are online and chat.

Within each member's personal profile, there are several key networking components. The most popular is arguably the Wall, which is essentially a virtual bulletin board. Messages left on a member's Wall can be text, video or photos. Another popular component is the virtual Photo Album. Photos can be uploaded from the desktop or directly from a cell phone camera. There is no limitation on quantity, but Facebook staff will remove inappropriate or copyrighted images. An interactive album feature allows the member's contacts (who are called generically called "friends") to comment on each other's photos and identify (tag) people in the photos. Another popular profile component is Status Updates, a micro blogging feature that allows members to broadcast short Twitter-like announcements to their friends. All interactions are published in a newsfeed, which is distributed in real-time to the member's friends.

Facebook offers a range of privacy options to its members. A member can make all his communications visible to everyone, he can block specific connections or he can keep all his communications private. Members can choose whether or not to be searchable, decide which parts of their profile are public, decide what not to put in their newsfeed and determine exactly who can see their posts. For those members who wish to use Facebook to communicate privately, there is a message feature, which closely resembles email.



Please like us on Facebook for update information on Region IX, post your questions, just stop by and say hello.

In



**Memory of
Jo-Ann Gai Sims**

May 21, 1954 - February 21, 2014

SIMS, Jo-Ann Gai

Of Mississauga, Ontario and only daughter of Bill and Audrey Sims of Cambridge, Ontario. Passed away peacefully at Cambridge Memorial Hospital on Friday February 21st, 2014 in her 60th year. She was a graduate from McMaster University, Hamilton, Ontario with a B. Sc. Degree and worked at the Histology Lab as a Medical Technologist for 35 years at Trillium Health Centre, Mississauga, Ontario. Predeceased by an infant sister and grandparents Hazel and Ralph Carscadden and George and Kate Sims. She will be sadly missed by all who knew her. Cremation has taken place and a graveside service will be held at a later date. A special thank you to all who cared for Jo-Ann at Cambridge Memorial Hospital. Donations can be made in lieu of flowers to Lisaard House, 990 Speedsville Road, Cambridge, Ontario N3H 4R6. Arrangements entrusted to the Barthel Funeral Home, Cambridge, Ontario N3H 3J8. (519)-653-3251.

**NSH Region IX would like to extend thanks to Leica Microsystems for their continued sponsorship of
The Cutting Edge Newsletter**



**2014
NSH Teleconference/Webinar**

Wednesday July 23 1 –2 pm EDT

Rapid and Efficient Tissue Processing with Microwave Technology

Wednesday August 20 1 –2 pm EDT

Let's talk about...Skin! How to Optimize the Grossing, Processing and H&E Staining of Skin Biopsies

Wednesday 24 1 –2 pm EDT

Histotechs in Motion: Evaluating Ergonomic Concerns for Your Laboratory

THE CUTTING EDGE

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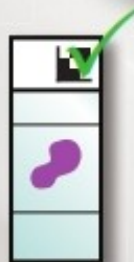
Contributions are welcome.

Please send your articles to:

Ann Lynde

ann@nshregionix.org

www.nshregionix.org/



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National Society for Histotechnology Membership Application

Source: _____

Today's Date: _____

**Please complete both
sides of form**

**2014 Membership Year
January 1– December 31**

Referred by:

A New Member Renewing your membership Have not been a member for many years. (Last year member _____)

Membership Type: *(Please read below and select which Membership type you are applying for)*

- Professional Regular Active (\$80):** Individuals actively engaged and/or interested in histotechnology or an allied profession
- Retired (\$40):** Members retired from the profession. The member must be an active NSH member in good standing for at least five years prior to retirement.
- Student (FREE):** Individual in a NACCLS approved or Canadian histology program with documentation from the program director and/or pathologists attesting to their student training status. Individuals may hold student membership for a maximum of two years .
- International (\$80):** Individuals residing outside the United States, Canada and U.S. possessions, who are gainfully employed and actively engaged in and/or interested in histotechnology or an allied profession

Contact Information: *Please fill out completely*

First Name:	Company:
Nick Name / Name you go by:	Job Title:
Last Name:	Work Address:
Home Address:	Dept/Bldg/Room#:
City/State/Zip	City/State/Zip
Home Phone:	Work Phone:
Personal Email:	Work Email:
Please select which addresses you would like to be primary for mailings:	Please mark information we are not authorized to publish in membership directory :
Primary Mailing Address : <i>(please circle)</i> Work Home Primary Email Address: <i>(Please circle)</i> Work Personal	<input type="checkbox"/> Organization Name <input type="checkbox"/> Full Work Address <input type="checkbox"/> Full Home Address <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Email <input type="checkbox"/> Personal Email <input type="checkbox"/> Publish Primary Address City, State Only

For Student Membership: *(Please complete)*

Histotechnology School/Program Name: _____ Year started: _____

Director Of Program: _____ Email/Phone: _____

3 WAYS TO JOIN OR RENEW YOUR NSH MEMBERSHIP

1. **ONLINE:** Join online from our website www.nsh.org
2. **FAX:** Complete form with credit card number included and fax to (443) 535-4055
3. **MAIL:** Return this completed form with payment to:

National Society for Histotechnology, 8850 Stanford Blvd, Suite 2900 Columbia, MD 21045

** Payments accepted are Cash, Check, Money Order & Credit Card (Visa, Mastercard & American Express.) * A Purchase Orders may not be used for membership dues.*

NSH Membership Application - Expires December 31, 2014

Name: _____

Membership Profile *(This information is very important for our membership directory, please take time to fill out)*

Gender: _____ Date of Birth: _____ Year Entered the Profession _____

Salary Range: \$20,000—\$24,000 \$25,000—\$29,000 \$30,000- \$34,999 \$35,000—\$39,000 \$40,000—\$44,999
 \$45,000—49,999 \$50,000—\$54,999 \$55,000—59,999 \$60,000 -\$64,999 \$65,000-\$69,999 \$70,000-\$74,999
 \$ 75,000—\$79,999 \$80,000 and over

Highest Education Level: High School Associates Bachelors Masters Doctorate Other _____

Credentials: *Please check all the apply* HT HTL QIHC MT MLT MLS CT SLS PA PhD MD
 Other _____

Job Category: *Please check appropriate title* Trainee Lab Assistant Technician Technologist Supervisor Lab Manager
 PA Pathologist Educator Industry Sales Industry Technical Rep Other _____

Work Classification: *(Check one)* Veterinary Industrial Clinical Pharmaceutical Vendor Other _____

Specific Area of Work: *(Check One)* Research Diagnostic Hospital University Private Lab Physicians Office (i.e. Derm)
 Technical Support Sales University Other _____

What Species Do you work With? *(Check all that apply)* Humans Animals, excluding humans Birds, all types Rodents
 Primates Fish Reptiles Marine Insects Plants, Botany Other _____

What Special Tissues do you work with: *(Check all that apply)* All Tissues Bone Eyes Muscle Central Nervous System
 GI Other _____

What kind of Tissue Prep to you use: *(Check all that apply)* Paraffin Glycolmethacrylate Methylmethacrylate Frozen
 Fresh/culture All Types Other _____

What Special Procedures do you use: *(Check all that apply)* Enzyme histochemistry IHC Immunofluorescence
 Autoradiography Whole Body In Situ Hybridization (ISH) PCR Sequencing Cytogenetics Flow Cytometry
 Molecular MOHS Grossing Special Stains Electron Microscopy Other _____

Areas of Interest: Safety Regulations Management/Leadership Education/Teaching Quality Control Inspections

Would you like a Society Mentor to contact you about resources available? Yes No

Addition to Dues:

Would you like to purchase a membership pin for \$10? Yes No
 Would you like to donate to ADA Fund? Yes No \$ _____
 Would you like to donate to Memorial Educational Fund? Yes No \$ _____

Membership Types:	Fees:
Active Regular Professional	\$80
Retired	\$40
International	\$80
Student (see qualifications)	FREE

Add Membership \$ _____ Add Pin: \$10 Add Donation: \$ _____ Total Due: \$ _____

Payment Information: Cash Check # _____ Money Order Credit Card (Visa, Mastercard, AMEX, Discover)

Name on Card/Check: _____ Amount: _____

Credit Card #: _____ Exp. Date: _____ CVV# _____

Signature: _____ Date: _____