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Editorial

Communication: a single word that encompasses the ultimate core business of our professional body. The New Zealand Institute of Medical Laboratory Science (NZIMLS) is the vehicle that conveys information. What's on where and when? giving us, the members, opportunities to share knowledge, learn and relate socially within our professional group.

Even our work is essentially about communication if you consider how we translate bits of organic matter or debris into meaningful numbers and words for our service users. As professionals spread geographically over three long skinny islands with multiple employers and varying community demands, professional communication is critical to our ongoing professional development, both individually and collectively.

Therefore it is necessary to carry out periodic evaluation of the practical tools utilized within the Institute to do this. That is cost-effective use of the membership dollar. The various mechanisms employed by the Special Interest Groups (SIG's) were not part of this survey for the simple reason that each SIG is encouraged to respond to meet intra-discipline needs as they determine to be appropriate. They also have the opportunity and are encouraged to have significant input into the more formal communication networks of the institute particularly the Journal and web-site.

Thank you to the 5% of members, particularly the 3% who are practicing Medical Laboratory Scientists, who took the time to fill in and return the communications survey.

Challenge I: Speak up the silent majority! Do you agree with these results?

Answer: Express your opinion; write a letter to the editor!

From the people who responded to this survey the editor and editorial board have gained valuable input. However it still behooves us, the membership, to provide material for the journal and not leave it all to these people.

Perhaps you are shy about self-submitting an article. You should not be - editors just love to be bombarded with material looking to be published. But all too often they are not.

Sooooooooooooo if "you are tapped on the shoulder" (or e-mailed) to contribute towards, for example a theme journal on your discipline or a specific disease, THIS IS A COMPLIMENT and an opportunity not to be missed. Remember our Journal Editor is extremely supportive of budding authors.

Challenge II: Plan to publish that case study or technical note that you presented at the SIG meeting, conference or seminar.

Or as one respondent challenged (see survey results): "Start the debate and discussion in our journal as to how we should seek to "add value" to our traditional roles".

One comment received has not been published in the report because

of its highly personal critique. Council invites that member to direct their concerns either to Council or to write a letter to the Editor for discussion in this forum for open debate.

The web-site, as with other forms of electronic communication is steadily assuming a role in communication that overall appears to be appreciated, even though some of us still prefer to read from a piece of paper. Many thanks and acknowledgement go to Chris Kendrick who co-ordinated this progress.

Challenge III: Answer Challenges II and I.

Answer: "Start by doing what is necessary then do what is possible, and suddenly you are doing the impossible."

Anne Paterson
President, NZIMLS.

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A social audit of BMLS clinical experience

Holly E Perry, Dip MLT; Paul R Henriques, PhD
Auckland University of Technology, Auckland

Abstract

Results of a social audit conducted on the fourth year of the Bachelor of Medical Laboratory Science (BMLS) offered at Auckland University of Technology (AUT) are presented and discussed. The social audit found students have a very positive view of the value of the clinical placements studied in the fourth year of the degree. The laboratory staff who supervise these students have mixed views. The information gained will be of great benefit in further improving the degree course offered at AUT.

Introduction

Social auditing is a process whereby an organisation can account for its social performance, reporting on and improving that performance. Social performance is evaluated in terms of how well the organisation is meeting its social objectives.

AUT has a set of four goals supported by numerous very detailed key strategic objectives (KSOs) which are tightly tied into AUT Faculty and Department business plans. It is the set of goals which align best with the concept of broad social objectives and therefore a social audit should look to them in the consideration of achievement.

The clinical placement programme in AUT's Bachelor of Medical Laboratory Science addresses the following AUT goals:

- To provide learning opportunities of quality and relevance which help prepare people for vocational roles."
- To provide equal opportunities for all people whatever their gender, ethnic origin or special needs.

A social audit of the clinical placement programme was designed to determine how well the programme is meeting the relevant AUT goals (broad social objectives). The purpose of this article is to report on the social audit conducted during August, 2000.

Materials and Methods

Three stakeholder groups were interviewed:

- Students on clinical placement at the time of the audit (n=13).
- Medical laboratory staff supervising students on clinical placement (n=8).
- AUT academic staff (n=4).

Students and medical laboratory staff were interviewed by telephone, and AUT academic staff by group discussion. Questions were designed for each stakeholder group, and asked, recorded, and read back to the interviewee in a standard process. The study was conducted with the approval of the AUT ethics committee. No individual was identified.

Results

Questions asked of students, and answers to those questions were:

1. *How would you describe the quality of the physical environment of the medical laboratory where you were placed?*
12 students; very good. 1 student; a bit congested.

2. *Do you feel the time of the placement was sufficient to allow you to achieve mastery of the tests listed in the logbook?*

10 students; Yes. 3 students; No; feel placement should be longer.

3. *Are there any aspects of your logbook you would like to see improved, especially with respect to quality and relevance?*

12 students; Yes. 1 student; No.

4. *Did you feel well supported by the host laboratory during your placement (and why?)*

13 students; Yes.

5. *Did you feel well supported by AUT during your placement (and why?)*

9 students; unqualified Yes. 4 students; qualified Yes.

6. *Was the material you learnt at level 7 relevant to the tests you learnt whilst on clinical placement?*

8 students; unqualified Yes. 5 students; qualified Yes.

7. *Did you feel you had any special needs that weren't catered for?*

7 students; No. 6 students; Yes.

8. *One of our goals is "to provide equal opportunities for all people, whatever their gender, ethnic origin or special needs." Do you feel we are doing this?*

10 students; Unqualified Yes. 2 students; Qualified Yes. 1 student; No.

Questions asked of medical laboratory staff, and answers to those questions, were:

1. *How well do you think the clinical placements prepare students for their vocational/professional role?*

5 labs; very well. 2 labs; knowledge gained is at a very basic level. 1 lab; not at all well.

2. *What improvements can you suggest in terms of better preparing students for their vocational/professional role?*

2 labs said no improvements were necessary, whilst 6 felt improvements were necessary.

3. *Are the students well prepared academically for their placement?*

5 labs; Yes. 1 lab; reasonably well. 2 labs; wide range seen from poorly prepared, to very well prepared.

AUT laboratory staff made the following points at their group discussion;

- Generally the work environment is good.
- A private office space to telephone students on placement is needed.
- 4th year contact is now recognised in the department's workload policy.
- Maori students are scarce on BMLS. Otherwise we are reflecting Auckland's demographics.

Discussion

In student question 2; "Do you feel the time of the placement was sufficient to allow you to achieve mastery of the tests listed in the logbook?", the students who answered "No" achieved mastery, but would have liked longer to practice and consolidate their laboratory skills.

In student question 4; "Did you feel well supported by the host laboratory during your placement (and why?)" students who answered "Yes" gave the following reasons:

- Very good quality of training.
- Friendly, helpful staff.
- Students felt part of the team.
- Students had a chance to try everything.
- Students considered placement a good preparation for the workplace.
- Access to current texts, journals, and methods.
- Included in journal clubs and workshops.

There were occasional negative comments, such as sometimes students had to wait while staff were busy, due to work pressure. However, these students recognise that this is the reality of the workplace.

In student question 5; "Did you feel well supported by AUT during your placement (and why?)" students felt the visits and phone contacts from AUT staff were good. They felt free to contact AUT with any problems. Negative comments included:

- More contact from specialist lecturers, and from the Programme Supervisor were needed.
- More help with finding accommodation was needed.
- Placements are financially difficult for students.

In student question 6; "Was the material you learnt at level 7 relevant to the tests you learnt whilst on clinical placement?", some students commented they felt overloaded with theory at the pre-placement year at AUT.

Two students encountered a test in the laboratory which was new to them. This test is now being taught by AUT specialist lecturers.

Manual versus automated technology was also an issue for students. Whilst recognising AUT cannot provide the latest equipment, some students nevertheless found automation a new aspect to master.

In student question 7; "Did you feel you had any special needs that weren't catered for?", students who answered "Yes" had the following reasons:

- Accommodation (2).
- Financial hardship due to leaving a part time job (2).
- Unrealistic expectations on part of lab staff (1).
- Needed more time to consolidate (1).

In student question 8; "One of our goals is " to provide equal opportunities for all people, whatever their gender, ethnic origin or special needs." Do you feel we are doing this?", some students felt that students who live out of Auckland and are sent out again for placement are doubly disadvantaged.

One student felt that English as a second language students find it harder to cope on placement if subjected to a very heavy workload.

In Laboratory staff question 1: "How well do you think the clinical placements prepare students for their vocational/professional role?"

The 5 laboratories that answered positively gave the following reasons:

- Placement provides a valuable practical component into what has up until that time been a theoretical course.
- Placement provides integration between practical and theory.
- Placement provides exposure to the pressure of a real workplace.
- Placement provides an opportunity for potential employers to view students.

Staff who answered less positively gave the following reasons;

- If expectations of clinical placement are realistic, then it's fine. However, it is not as good a preparation as older style training.
- Students come with no practical knowledge.
- The placement time is too short, and is consumed with signing off the logbook.
- The very structured logbook does not reflect the routine of the laboratory.

In Laboratory staff question 2: "What improvements can you suggest in terms of better preparing students for their vocational/professional role?", staff made the following suggestions:

- Longer placement time, 20-30 weeks.
- Include an extra month to get to know how lab runs.
- More work experience interlaced with theory throughout the course.
- Introduce students to a real lab earlier in the course.
- Restructured logbooks to better reflect "flow" of lab, and emphasise "tools" which go across a discipline.
- Broaden logbook to include ethics and professionalism.

Comments laboratory staff gave when answering question 3: "Are the students well prepared academically for their placement?", included:

- Retention of student knowledge is not always good.
- Students do not have the specific knowledge that internally trained working students would have had.

AUT have found the social audit very useful, especially in the willingness to participate openly which students, laboratory staff, and AUT staff all showed. We look forward to using the information to continue to improve the course, and to hearing from anyone else who would like to comment on the issues raised.

Acknowledgments

We would like to thank all participants.

Address for correspondence:

Holly Perry, Dept of Applied Science, Auckland University of Technology, Private Bag 92006, Auckland 1.

E-mail: holly.perry@aut.ac.nz

Letter to the Editor

IAMLT membership

Dear Editor

I am writing in support of the NZIMLS retaining its membership of the International Association on Medical Technologists (IAMLT).

The NZIMLS has been an active member of the IAMLT for many years. A number of New Zealanders have made a tremendous contribution to medical laboratory science on an international stage. The following is a list of contributors;

IAMLT President:	Desmond Philip
Council member:	Desmond Philip, Dennis Reilly.
Editor Med Tec International:	Desmond Philip, Patricia Reilly

Policy papers accepted by IAMLT and written by New Zealanders:

Near Patient Testing;	Jim Le Grice
Environmental:	Dennis Reilly
Technologist Competencies:	MLTB Document
Continuing Professional Development:	Dennis Reilly
WHO & UNICEF Publications:	Warren Johns
IAMLT Awards:	Dr. Stephen Henry

The IAMLT is the only vehicle that technologists have to operate at an international level. The WHO recognizes the IAMLT as a non-governmental organisation and contact is made on a number of issues. IAMLT is a partner with the International federation of Clinical Chemistry and is currently working with the American Association of Clinical Chemists and the American Association of Clinical Laboratory Scientists to have a combined meeting in 2002.

It is often said that Technologists are over looked when appointments are being made to important advisory committees. Surely being part of an international body gives us more credibility and professional standing.

When our members pay their fees to NZIMLS do you not think they want to be part of global grouping of technologists. Is the cost of approximately \$2 per member too high a fee?

I think not.

Are we saying that New Zealanders have nothing further to offer the world regarding MLS in the future?

I think not.

I believe we can do a lot for the international community of Technologists in the future and feel the best way of effecting change is by being involved and working to improve rather than criticizing from a distance. I also feel this important issues needs to be discussed and a decision made at an Annual General Meeting of members otherwise IAMLT membership will come and go depending on the opinion of the residing council members.

Yours Sincerely

Dennis Reilly
Diagnostic Medical Laboratory
Auckland

Editor's note.

The above letter is in response to an invitation by Council to Dennis Reilly and Shirley Gainsford to write pros and cons articles for the Journal regarding membership of the IAMLT by the NZIMLS. Shirley Gainsford response will be in the next (August) issue of the Journal as she did not have some up to date information from the AIMLT at the deadline for this issue of the Journal.

As members may be aware, a Motion was carried at the last AGM "That Council refrain from paying the next subscription until this is discussed at the 2001 AGM". (See page 99 of the November 2000 issue for more details on the discussion, or the last newsletter from Council).

I welcome letters to the editor from members regarding this issue. For inclusion in the next issue, which will appear before discussion at the 2001 AGM, please write to me no later than June 15, 2001.

NZIMLS Communications Survey

Late last year the Institute sent a questionnaire to all members to canvass their opinion about a number of issues surrounding the communications between the Institute and its membership. Members were asked their opinion regarding the three main communications tools used by the NZIMLS, namely the Journal, the Institute's web site and the Council newsletter. Below are the results from this survey.

A total of 42 members responded, 29 were active in practicing medical laboratory science, 7 were in laboratory management (<25% or nil bench work), 1 was in commercial industry, and 5 were in other categories (teaching, academic, retired). The results below must be treated with some caution as only a small percentage of members replied and their responses may have differed from non-responders.

Members were asked which type of Journal articles they read most frequently over the past 6 issues (2 years). Results are as follows.

	Always	Frequently	Rarely	Never
Scientific Articles	14 (33.3%)	20 (47.6%)	7 (16.7%)	1 (2.4%)
Editorials	16 (38.1%)	17 (40.5%)	7 (16.7%)	1 (2.4%)
SIG Communications	27 (64.3%)	11 (26.2%)	4 (9.5%)	0 (0%)
Advertisements	7 (16.7%)	11 (26.2%)	20 (47.6%)	3 (7.1%)

(Numbers may not add up to 42 or 100% due to some missing responses)

Members were asked what value they place on the types of articles appearing in the Journal. Results are as follows.

	Excellent	Good	Poor
Scientific Articles	16 (38.1%)	23 (54.8%)	2 (4.8%)
Editorials	14 (33.3%)	22 (52.4%)	2 (4.8%)
SIG Communications	17 (40.5%)	21 (50.0%)	3 (7.1%)
Advertisements	5 (11.9%)	27 (64.3%)	4 (9.5%)

(Numbers may not add up to 42 or 100% due to some missing responses)

Members were asked if they would like "theme" journal issues, e.g. focussing on a specific disease or particular laboratory discipline. Of the respondents, 16 (38.1%) would like to see theme issues, 17 (40.5%) did not and 9 (21.4%) were uncertain. The most commonly asked for theme issue was that of disease processes which relate to multiple medical laboratory disciplines. Other asked for theme issues were SIG educational material, genetics, new disease trends, current topical issues such as cervical screening and sports drug testing, virology, cytogenetics, or each issue to be devoted to one major discipline.

Members were asked if they want to see more or less non-scientific content in the journal. Of the respondents, 9 (21.4%) wanted to see more non-scientific content, 4 (9.5%) wanted to see less and 25 (59.5%) were uncertain. Requested non-scientific items included industry related news, gossip, issues relevant to smaller laboratories, prominent members profiles, overseas laboratory related items, and political or management issues relevant to medical laboratory science.

The NZIMLS web site was visited by 22 (52.4%) of respondents, 14 (33.3%) of who used it for membership information or services, and 24 (57.1%) had noted the regular NZIMLS web site advertisement in the Journal.

Several members added additional comments, reproduced below.

"It's a pity the calendar (web site) can't be more up to date with more notice of conferences, SIG meetings, etc. because for leave and budget planning it would be easier to know what's coming up and what's going to give you the best value for \$\$ spent."

"Great publication and keep up the good work."

"I think the Journal has a good balance of scientific and non-scientific. As well as the scientific I think it is important to keep the profession informed about other issues like education (pre and post qualification), political aspects, ethics, etc."

"Suggestions: Technical talk on web site. Interesting cases/ discussion. More brief communications."

"How about news letters, surveys, voting by e-mail to save a few trees (not to mention postage)."

"Access to the AIMS library would be great on the website."

"I remember being disappointed when I looked at website before conference this year (2000) that there did not seem to be an update of the programme."

"I like to read of paper, i.e. would not like the Journal to be only on the web."

"I am not sure whether there is a place any more for a journal of this nature. Most of us work in highly specialist areas and have little time to be interested in others. Time to limit publication to a well presented Broadsheet and save money."

"I particularly like the (web site) links to other sites, there are good educational areas around the planet that are useful for teaching."

"I look forward to the Journal. More articles and photos about Institute gatherings please, helps bind members and makes us feel part of a bigger group of people. As Australia is cheap to visit and more Aussie companies are canvassing us for business, could we extend contact with Aussie companies, AIMS, etc. With the global world we are seeing closer ties with Australia."

"I intend to use the web site links for continuing education. I would like to gain CPD points by participating in on-line questionnaires/tutorials."

"I would like to see more current debate, either political or management. Unfortunately we now lack much of the scientific ability or time to present much scientific research. Increasingly kitset approach to science does not lend itself to original research. I would like to see the Institute and the Journal encourage medical laboratory scientists to diversify their skills base so that they can offer more than just bench science so that these very clever people are given the opportunity to offer more to our and their professional development. I believe that people need to look beyond medical laboratory science, it has become a self-limiting profession. Many I talk to seem dissatisfied but have few other options to pursue. This is the sort of challenging debate that should be in our Journal."

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NEW ZEALAND INSTITUTE OF MEDICAL LABORATORY SCIENCE (INC)



EXAMINATION LIFTOUT

Fellowship Instructions & Information
Fellowship Application Form
QTA Regulations
QTA Examination Application Form

NZIMLS Membership Application Form

The New Zealand Institute of Medical Laboratory Science offers to medical laboratory assistants the qualifications known as the Certificate of Qualified Technical Assistant (QTA) and to medical laboratory scientists the qualification known as Fellowship.

All correspondence relating to Fellowship and the QTA examinations should be addressed to:

Executive Officer
NZIMLS
P O Box 505
Rangiora
Tel: 03 313 4761
Fax: 03 313 2098
Email: NZIMLS@exevents.co.nz

FELLOWSHIP BY EXAMINATION PART ONE

INSTRUCTIONS TO CANDIDATES

The examination is offered in:

Clinical Biochemistry
Haematology
Histology
Cytogenetics
Virology

Clinical Microbiology
Transfusion Science
Medical Cytology
Immunology

EXAMINATION DATE: **14th & 15th November 2001**

1. Candidates must complete the application form and forward this, complete with examination fees, to the Executive Officer of the Institute before the closing date. No late applications will be accepted.
2. Candidates must be financial members of the NZIMLS at the time of application and examination.
3. The results of the examination will be announced by the NZIMLS. Successful candidates will be awarded the NZIMLS Fellowship by examination Part 1 Certificate in the appropriate discipline.
4. The candidate's script will be returned upon receipt of a written request by the candidate. No copy will be retained and no correspondence relating to the marking of the script will be entered into.
5. Candidates who have disabilities or injuries at the time of the examination may request the Fellowship Committee of the NZIMLS to allow a scribe. Enquires should be made to the Executive Officer of the NZIMLS.
6. The examination fee of \$650 (GST inclusive) must be paid in full at the time of application.
7. Please refer to the Fellowship Regulations Section 3 for further information.

INFORMATION FOR CANDIDATES

Candidates should demonstrate an ability to integrate and apply knowledge. They should have an overall breadth and depth of knowledge of their discipline and be aware of the current literature.

Because Medical Laboratory Science is rapidly changing it is considered not feasible to set any syllabi.

The examination will consist of two, three hour written papers. The first will consist of short answer questions and the second essay type questions. To assist candidates, a list of textbooks and recommended journals for each discipline is available from the Executive Officer of the Institute

**FELLOWSHIP BY EXAMINATION - PART ONE
APPLICATION FORM
14th & 15th November 2001**

SECTION A To be completed by Candidate

Name: Mr
 Mrs.....
 Miss (Surname) (First Names)

Laboratory.....

Laboratory
Address.....

Examination Subject.....

Examination Fee: \$650 (GST inclusive) *Full examination fee must be paid with the application*

I certify that I am a member of the NZIMLS in the membership category of MEMBER and have been so for at least 2 years or am exempt as approved by the Fellowship Committee.

Signed..... Date.....

APPLICATIONS CLOSE MONDAY 30TH APRIL 2001

Please forward application forms accompanied by fees to: NZIMLS, PO Box 505, Rangiora

NO LATE APPLICATIONS WILL BE ACCEPTED

For Office Use Only

Date received:..... Cheque no:.....

Bank:..... Branch:.....

Drawer:..... Amount:.....

**FELLOWSHIP BY EXAMINATION - PART ONE
APPLICATION FORM
14th & 15th November 2001**

SECTION B **To be completed by the Charge Medical Laboratory Scientist**

I certify that the Candidate has completed at least one years post registration experience in the subject nominated for the examination.

NAME.....
(Block Letters)

Signed..... Date.....

Please state the name and address of the person responsible for receiving the papers and supervising the examination in your laboratory.

Name.....

Laboratory
Address.....

CERTIFICATE OF QUALIFIED TECHNICAL ASSISTANT

EXAMINATION SUBJECTS

- | | |
|------------------------|---|
| Clinical Biochemistry | Transfusion Science |
| Haematology | Transfusion Science - Blood Products |
| Histological Technique | Clinical Microbiology |
| Clinical Cytology | Clinical Mortuary Hygiene and Technique |
| Immunology | Virology |

PREREQUISITES

- 1.Candidates for the examination must be employed as medical laboratory assistants in an approved laboratory in New Zealand and have worked continuously in the subject for 18 months prior to the examination or accumulated not less than 18 months practical experience in the examination subject. Upon completion of two years continuous or accumulated practical experience in the subject, the certificate of Qualified Technical Assistant will be awarded.
- 2.Candidates who have passed a Qualified Technical Assistant examination and who wish to sit a second Qualified Technical Assistant examination must fulfil the above criteria but need only to have worked continuously or accumulated experience of one year in the examination subject.
- 3.Candidates must be financial members of the NZIMLS at the time of sitting the examination and be a financial member or have submitted a valid membership application form at the time of applying to sit the examination.

SYLLABUS

Copies of the syllabus are available from the Executive Officer of the NZIMLS, P O Box 505, Rangiora.

EXAMINATION

- 1.The examination will be held annually in New Zealand in November.
- 2.Candidates must complete the application form and forward this, complete with examination fees, to the Executive Officer of the NZIMLS before the closing date. No late applications will be accepted.
- 3.Candidates must be financial members of the NZIMLS at the time of sitting the examination.
- 4.The examination consists of one written paper of three hours duration. Candidates for the Clinical Cytology examination are also required to complete a practical examination.
- 5.To pass the examination candidates must obtain an overall mark of 50%. Clinical Cytology candidates must pass the practical and theory examinations.

6.The results of the examinations will be announced by the NZIMLS. Successful candidates will be awarded the NZIMLS QTA Certificate in the appropriate discipline.

7.The candidate's script will be returned upon receipt of a written request by the candidate. No copy will be retained and no correspondence relating to the marking of the script will be entered into.

8.Candidates who have disabilities or injuries at the time of the examination may request the Examinations Committee of the NZIMLS to allow them a scribe. Details may be obtained from the Executive Officer of the NZIMLS.

**QUALIFIED TECHNICAL ASSISTANT
EXAMINATION APPLICATION FORM
7th November 2001**

SECTION 1 - TO BE COMPLETED BY THE CANDIDATE

Title: Mr, Mrs, Miss, Ms Surname:.....First Names:.....

Of, Laboratory:.....

Laboratory

Address:.....

Subject: (Haematology, Microbiology etc):.....

EXAMINATION FEE: \$125 (GST Inclusive) The full examination fee must be paid with the application.

SECTION B - TO BE COMPLETED BY THE PATHOLOGIST OR CHARGE SCIENTISTS

Date candidate commenced work in examination subject:.....

"I certify that the above candidate meets the requirements of the QTA Regulations"

Signed:.....

Designation:.....

Please state the name and address of the person responsible for receiving the papers and supervising the Examination in your laboratory or centre.

Name:.....

Laboratory

Address:.....

APPLICATIONS CLOSE FRIDAY 26th MAY 2001

Please forward application forms accompanied by fees to: NZIMLS, P O Box 505, Rangiora

NO LATE APPLICATIONS WILL BE ACCEPTED

Special Note to Applicants

If no already members of the NZIMLS applicants to sit this examination must submit a valid membership application along with this examination application.

For Office Use Only

Date received:.....

Cheque number:.....

Bank:.....

Branch:.....

Drawer:.....

Amount:.....

NZIMLS - membership application



Please complete and return to:
PO Box 3270, Christchurch, New Zealand email: nzimls@exevents.co.nz

Title: Mr / Mrs / Ms / Miss / Dr /

Surname:

First Names:

Organisation:

Laboratory / Department:

Postal Address for correspondence:

.....Postal Code:

Wk Ph:ext..... Fax: Mobile:

Email address for contact:@.....

Employment Position:

Highest Professional Qualification:

Year Obtained: Qualification Specialty:

Membership category:	Fellow or Member	\$101.40 /annum	
	Associate	\$ 48.10 /annum	(circle one)
	Non-practicing	\$ 44.20 /annum	

Nominated by:

Guidelines for membership categories :

- Member Any person who is registered with the NZ Medical Laboratory Technologists Board.
- Associate: Any person engaged in Medical Laboratory Science who is not eligible for any other class of membership eg. QTA.
- Non-practicing: 1. Any person who has been a Fellow, Member or Associate, but is no longer engaged in Medical Laboratory Science and who wish to become a non-practicing member.
2. Any person not engaged in Medical Laboratory Science.

Payment: Cheque or credit card (circle one)
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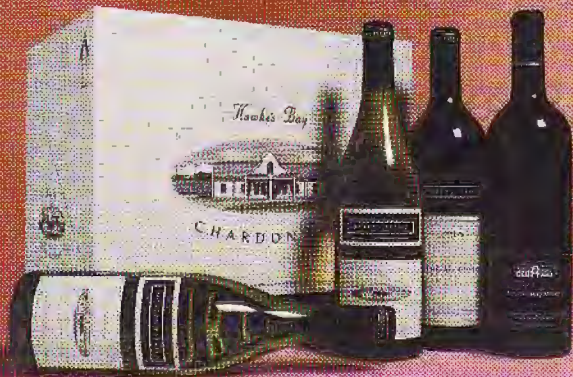
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Tell us what's been missing in the serum work area and you're in the draw to win a mixed dozen of Morton Estate wine.

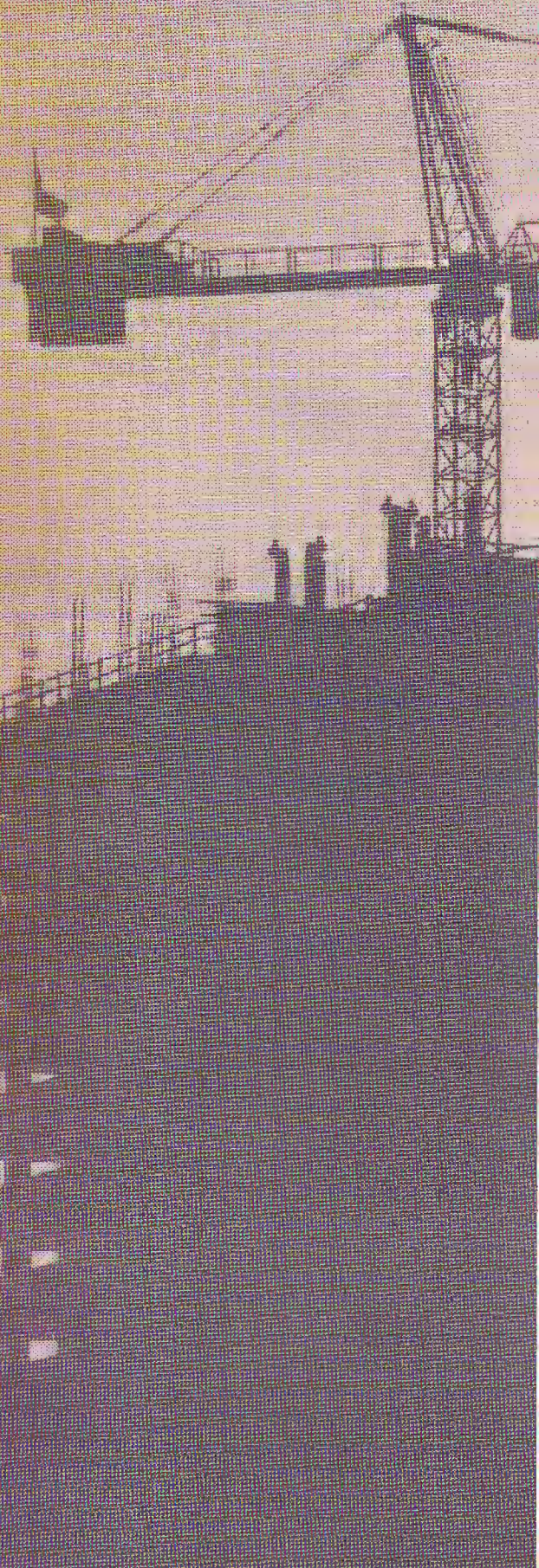
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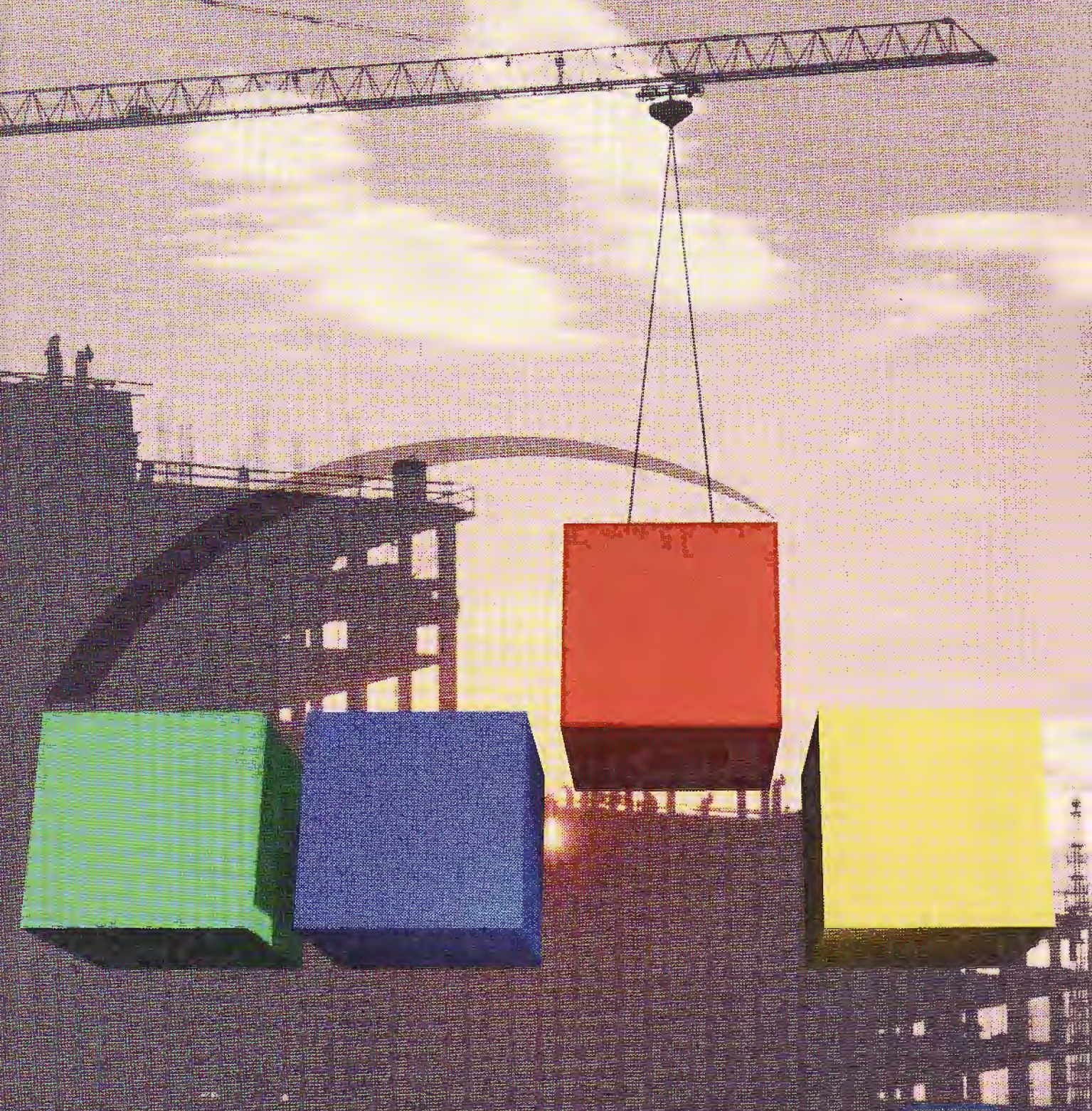


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What is the PPTC and what does it do?

Mission statement of the PPTC:

"To provide teaching and development programmes which are appropriate, affordable and sustainable for the healthcare setting in which they will be used."

Background.

Historically laboratory technicians from the Pacific Island countries received additional training through secondment to hospital laboratories in NZ. By the late 1970s it became obvious that the widening gap in available technologies meant that much of the training was neither relevant nor appropriate to the needs of the people hence in 1980 the Pacific Paramedical Training Centre (PPTC) was established as a non-profit organisation with the support and backing of the Wellington Area Health Board, NZ Ministry of Foreign Affairs, NZ Institute of Medical Laboratory Technology, the NZ Red Cross and WHO.

Initially training courses were two or three months in duration but more recently they have been decreased to one or two months. Right from the first days of the PPTC it was felt that there was a need for trainee evaluation and therefore the Centre commenced sending out quality control samples to all laboratories that had sent trainees to a course.

By 1991 the Centre had earned a reputation as a centre of excellence and was invited by the World Health Organisation (WHO) to become a WHO Collaborating Centre for Regional External Quality Assurance in Health Laboratory Services in the Pacific region. As a result of this the Centre began sending Quality Assurance Programme samples to 20 laboratories in 18 countries in the Pacific basin. This status from WHO gave the PPTC official responsibilities for a range of medical laboratory programmes in the Pacific region including the QA Programme and also training and laboratory development and consultation and advisory services.

Programmes.

Training Courses

The emphasis of training programmes at the Centre is on short-term practical training in the various disciplines of medical laboratory science that ensure immediate benefit to the trainee's work setting. Initially the emphasis of the Centre was on Blood Bank Technology and Microbiology as it was recognised that appropriate application of these two laboratory sciences could have a major positive impact on the services offered by the trainee's home laboratory.

Over time the scope and nature of courses has changed to meet the development needs of the medical laboratory services in the various Pacific Island countries.

The Centre consults regularly with the medical authorities of the various countries and also with WHO and the SPC (Secretariat of the Pacific Community) on the major medical problems that are affecting the Pacific Region and how the skill level of the local laboratories can

be upgraded to meet the challenges of reducing morbidity and mortality, especially of infectious diseases.

Since the Centre commenced, laboratory workers from every country in the region have attended training courses or benefited from work attachments in NZ laboratories. In addition to the Pacific Island countries trainees have come from China, Korea, Indonesia, Africa, Philippines and the Lao Peoples Democratic Republic.

Quality Assurance Programme

As training programmes were introduced it was recognised that there was a need for follow-up evaluation of the trainees and continuing evaluation of the technologies taught hence a quality control programme was commenced.

In 1991 this programme underwent a major redevelopment with samples covering the major disciplines of Microbiology, Haematology, Blood Bank Technology and Biochemistry being sent out on a regular basis throughout the year. Initially eight sets of samples were sent out, two in each discipline but last year this was increased to three each in Microbiology, Haematology and Blood Bank Technology and four in Biochemistry the later in two mailings of two.

The laboratories are given a time limit by which they must reply for their results to be evaluated. Results from a referee laboratory are sent out and each laboratory receives a comprehensive evaluation of their results. The identity of laboratories is kept anonymous but a laboratory can compare their results with those of other participants. In the scoring and evaluation of results a laboratory is not penalised if it cannot perform a particular test because they are out of reagents. (This is not an uncommon occurrence for some of these laboratories!)

Twenty laboratories currently participate in this programme including all the central laboratories of Pacific Island countries plus laboratories in Lao and Viet Nam. Over the nearly 10 years of this programme it has been pleasing to see a continuing trend of improvement in the laboratories taking part including improvement in accuracy and reproducibility in the biochemistry results. This programme is quite costly to run and the annual donation by the NZIMLS helps in funding and is greatly appreciated.

The Future of Medical Laboratory Training in the Pacific Island Countries

The Fiji School of Medicine in Suva offers a four-year Diploma course in MLT and a number of countries send students here but a similar course in Papua New Guinea is currently in abeyance. The Western Samoa Training Scheme, which was commenced under the aegis of the PPTC in 1990, is currently being revamped and several countries send students to New Zealand and Australian universities for MLS degree courses. This tends to indicate that training to the intermediate qualification level is quite well catered for but there is still a requirement for training at the basic level and continuing education at a post qualification level. This is the niche that the PPTC has been filling and intends to continue to fill with its targeted training courses and quality assurance programmes.

Medical Laboratory Technology is a science which is forever advancing with the continuing introduction of new technologies. We must ensure that our colleagues in the Pacific Island countries are kept up to date with these changes but at the same time we at the PPTC must ensure that our mission statement of providing relevant technologies is adhered to.

In 1997 in conjunction with WHO the PPTC conducted a workshop in Suva with the primary focus of Quality Control Programmes but also introduced concepts of quality management and accreditation.

In 1998 the PPTC obtained funding from the NZ Government for a pilot scheme to introduce the concepts of total quality management into the laboratories of Samoa and Tonga and this project is now nearing its end. If successful it will be expanded to other countries requesting our assistance.

The Centre is currently investigating with a NZ University the upgrading of some of its courses thus giving the students a qualification which has official tertiary recognition and status.

Conclusion

I can assure you that Medical Laboratory Technology is alive and well in the countries of the Pacific and over the past 20 years the PPTC has played an integral part in ensuring that laboratory staff have had the training required to keep them up-to-date with the basics and also the changing technologies of laboratory medicine.

And so as we move into the new millennium the PPTC must ensure that methods of delivering training are relevant to the changing needs of the countries we work with. I believe this can be achieved through:

- Offering training courses, if necessary in-country, to meet the specific needs of a laboratory and the health needs of the country.
- Assisting and training staff in quality management techniques.
- Ensuring that the status of our courses is recognised as of an appropriate tertiary level.

While at the same time ensuring that our mission statement of providing appropriate, affordable and sustainable programmes is adhered to.

During the 20 years the PPTC has been in existence a strong working relationship with the NZIMLS has been built up with the Institute having a representative on the Centre's management board and the Centre serving as the Institute's vehicle for overseas aid projects. This partnership has proved successful for both organisations and has made a substantial contribution towards the development of the Pacific Island countries Medical Laboratory Service. We at the PPTC hope that this relationship and practical financial support from the NZIMLS will continue for many more years.

*The New Zealand Institute of Medical Laboratory Science
Immunology Special Interest Group*



PRESENTS

I.S.I.G. NELSON 2001



*The 2001 Immunology Special Interest
Group meeting is to be held in sunny
Nelson on the Weekend of May 11th-13th.*

*The informal relaxed style of our meetings combined with a
superb venue and
the opportunity to participate in
an exciting Immunology / Serology scientific forum
along with the chance to hear an excellent Guest Speaker
means*

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for further information please contact :

*Steph Cocker at Nelson Diagnostic Laboratory, 1 Harley Street Nelson, (03)
5480914, fax (03) 5467213, email sc@neldiag.co.nz*

or

*Rodger Linton at MedlabSouth , 137 Kilmore st Christchurch, (03)3630824, fax (03)
3630803, email rl@ultra.medlabsouth.co.nz*

Immunology Special Interest Group

Conference 2000, the Rotorua Experience for Immunologists.

Although the Immunology programme was not extensive and topics ranged from Immunology to Virology, the organisers were pleased with the number of people attending sessions. Over fifty enthusiasts attended the Immunology/Virology session on Friday morning.

We were entertained firstly, by Dr John Petrie, a Rheumatologist from Rotorua. John gave us an insight into the assumptions that are often incorrectly made, when positive autoantibody results are seen.

Dr Alan Sturgess, another excellent speaker, is Director of the Immuno-Rheumatology Laboratory at St George Hospital Sydney. Alan spoke on Anti-Cardiolipin antibodies and again raised our awareness that a positive result does not necessarily infer disease.

This issue of result interpretation was again raised by Paul Austin.

Paul works in the Department of Virology and Immunology at Auckland Healthcare. Paul's meticulous presentation suggested that a high percentage of adults produce false positive CMV IgM and EBV IgM results.

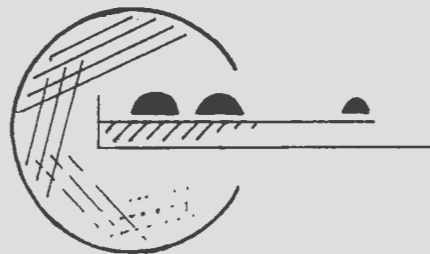
ISIG Activities for this year 2001.

Steph Cocker from Nelson Diagnostic Lab has enthusiastically tackled the job of organising this year's ISIG meeting to be held in Nelson on the weekend of May 11th-13th. This promises to be an inspiring meeting and what a great location! So please give your support and respond to the flyer in this issue of the journal.

Any agenda items for this meeting, please forward to your ISIG convenor.

Microbiology

Special Interest Group



The last few months have been very active for the MSIG. A number of ongoing and new projects have been undertaken.

MSIG Seminar: This was held in Hamilton on March 30-31st. The format was changed a little this year with a Friday evening session allowing a more in-depth presentation / discussion on occult blood testing, and IANZ accreditation requirements. The Saturday was taken up with the shorter case study / reviews as in previous years. Abstracts will be published in the next issue of the journal.

QTA Syllabus Review: has been coordinated by Jodie Cranfield at Auckland Hospital. This has been the first review for seven years. It has not seen major changes but has allowed for updating in methodologies and organism identification procedures.

Bugme e-mail link: This initiative has been set-up by Tina Littlejohn at Medlab Central to allow easier communication between labs. Already over 30 labs are involved through either e-mail or fax links. It is hoped that Bugme will become a significant and simple channel for discussing questions and concerns of microbiology labs.

Degree course moderation in conjunction with the MLTB: a very significant and important role. This involves reviewing the syllabi and log-books of the 3 university courses. Ongoing.

Steve Soufflot
Convenor MSIG

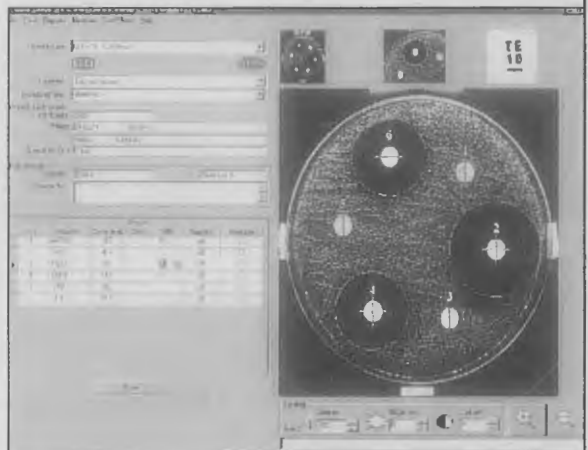


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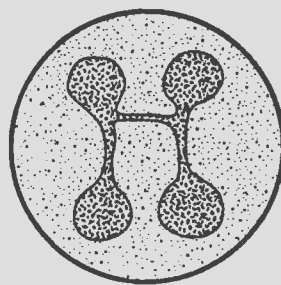
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Haematology

Special Interest Group



Journal questionnaire

Clinical Obstetrics and Gynecology Vol42 no2 pp 381-389

R.S.Egerman, B. M. Sibai

Review HELLP Syndrome

1. HELLP Syndrome is a hypertensive disease which affects what percentage of pregnancies?
2. HELLP is an acronym for:
3. In haemolysis total bilirubin is considered increased above what level?
4. Which liver enzymes are elevated in HELLP?
5. Platelets are considered low under what level?
6. Name three findings in a peripheral blood smear in HELLP.
7. Elevation of liver enzymes can be defined as how many standard deviations above the laboratory mean?
8. What do the following stand for : EL
9. HEL
10. ELLP
11. LP
12. What substances do activated platelets release?
13. What does fibrin obstruct causing hepatocellular injury and pain?
14. Treatment of HELLP: What can be administered to enhance fetal lung maturity?
15. In Bone marrow analysis what would be increased as a response to platelet consumption or destruction?
16. HELLP is a microangiopathic disorder affecting microthrombi and coagulopathy. Define microangiopathic.
17. DIC in conjunction with HELLP syndrome was found to occur in what percentage of patients?
18. What percentage of these patients in question 17 was due to placental abruption?
19. What do the following stand for: HUS
20. TTP
21. SLE
22. DIC

Questionnaire prepared by Jackie Crane Haematology LabPlus
Please contact Barbara Walton for copies of this article Phone 6309943 ext 3059 Email bwalton@ahsl.co.nz

Answers on next page.

NZIMLS Continuing Professional Development Programme

A reminder to complete your CPD tally sheet that is in the CPD Booklet you received last year.

Forward to: CPD Committee, NZIMLS, PO Box 505, Rangiora
(Note change of address from that published in the booklet)
Alternatively download the tally sheet (www.nzimls.org.nz) to your computer and email to the Executive Office.

Attending a HSI 2-day workshop will entitle you to 125 of the 300 points required every three years.

Tips, Tricks 'n' Trouble Shooting in Haematology

52 people, from Kaitaia to Invercargill, attended this workshop which was held at the Ellerslie Motor Inn on November 3rd & 4th 2000.

Objective of Workshop.

The workshop aimed to present a "back to basics" review of factors affecting haematological analysis; providing participants with strategies for processing troublesome samples and recognising the limitations of equipment. Topics included blood film staining, automated full blood count screening using Coulter and Bayer technology, ESRs, reticulocytes, screening tests for infectious mononucleosis, and other tests requiring rapid attention such as NAPs and malaria.

The workshop aimed to be ideally suited to recent graduates, part-timers, staff who work alone, multi-skilled laboratory workers with limited Haematology experience, and workers requiring more experience dealing with difficult samples and troubleshooting.

Summary of Workshop Evaluation Questionnaire.

Number of evaluation questionnaires completed: 45

NZIMLS Members: 15, Non-members: 30

Full-time Workers: 31; Part-time Workers: 14

Staff with Management Responsibilities: 16

Laboratory Size	Attendees	
	Full-time workers	Part-time workers
No. Haem staff weekdays		
1-2	16	3
3-4	6	3
5 or more	7	8

37 of 44 respondents worked in small laboratories or were part-timers in larger laboratories.

Of the 7 respondents who were full-time workers in larger laboratories, 2 worked night shifts only.

Experience appeared to range from new graduates to technical managers.

Respondents rated the overall value of the workshop to them as:

Rating	1 (poor)	2	3	(3.5)	4	(4.5)	5 (excellent)
No.	0	0	12	1	24	1	7

Two respondents found that the content of the workshop was beyond the requirements of the targeted group.

While all topics were specified by various respondents as being "most worthwhile", Automation and ESRs were specified most often.

Five respondents made specific suggestions regarding workshop content – three suggesting more troubleshooting, one suggesting more open discussion, and one suggesting coagulation.

One person commented on poor acoustics, however there were no specific questions about the venue included.

Answers:

- 7 - 10%
- Haemolysis, Elevated Liver function, Low platelet count
- > 1.2 mg/dl
- Aspartate aminotransferase >70 u/l
Lactic dehydrogenase >600 u/l
- <100,000 /mm³
- Cell fragments, echinocytes, schizocytes, fragmented helmet cells, spherocytes
- Equal to or greater than 3
- Elevated liver enzymes
- Haemolysis and elevated liver enzymes
- Elevated liver enzymes and low platelet count.
- Low platelets
- Vasoconstrictive substances including serotonin and thromboxane A₂.
- Hepatic sinusoids.
- Corticosteroids.
- Megakaryocytes.
- Disease of the small blood vessels.
- 21%
- 16%
- Haemolytic uremic syndrome
- Thrombotic thrombocytopenic purpura
- Systemic lupus erythematosus
- Disseminated intravascular coagulation.

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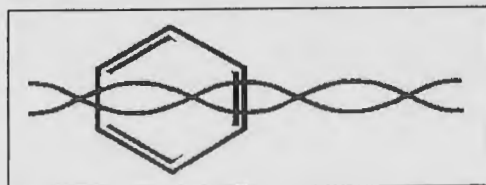
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NZIMLS BSIG SEMINAR.

9TH June 2001 in Wellington.

This years seminar will include discussion on...

- **AACC recommendations for Troponin**
- **Wine tasting, what we should be tasting**
- **Proffered papers.**

Please remember that proffered papers will be eligible for the Best Proffered Paper as sponsored by Abbott Diagnostics.

We would recommend that each attending laboratory present a 10 - 15 minute presentation.

Seminar venue	Wellington Medical School
Registration time	0900 hours
Seminar cost	NZIMLS members \$ 45.00 Non members \$ 55.00
Seminar Dinner	Venue – Local Restaurant (to be advised) Cost - approx.\$ 40.00

Are you interested in staying the night and going mountain biking in the mountain biking capital of New Zealand? Those that are keen, please indicate, as we may organise a ride on the Sunday morning.

If you are interested in attending the BSIG seminar 2001, please complete the enclosed Seminar Reply form, and return to Nicola Thomas by fax prior to the 13th of May.

BSIG Seminar reply form.

Attention: Nicola Thomas
Fax number: 09 634 5796

Name: _____

Laboratory: _____

Title of Paper: _____

Number of people wishing to attend: _____

Please indicate what you will be attending below...

	Yes	No
Seminar		
Dinner – Saturday night		
Are you a member of the NZIMLS?		

If you are interested in attending the BSIG seminar 2001, please complete the enclosed Seminar Reply form, and return to Nicola Thomas by fax prior to the 13th of May.

Team Can Do

Rotorua may have been the destination but the creation of the BOP Conference 2000 was a Bay-wide team effort.

Professionals from Tauranga, Whakatane and Rotorua, hospital and community sectors, united to divide up the tasks associated with the first Annual Scientific Meeting of the 3rd Millennium.

As commented by Martin Hampson ".....this Bay-wide commitment is a function of the global village we live in." (Please note it is Martin's philosophy never to be named on a committee but he certainly contributed to the team.)

This team of scientists was augmented and sponsored by our commercial industry colleagues who provide the financial backbone of conference via the Industry display. This gives all delegates the opportunity to view laboratory systems and consumables available - not just the bosses. They design, create, transport, set-up and breakdown these works of art on a purchased site. Examples of this year's stands include:

"Surf the Net" courtesy of the LabSavers - Dade Behring (winner of the NZIMLS Industry Display Award).

"Reach for the Sky" native plant giveaway - Abbott.

"A treadmill for your Healthy Heart Assessment" - Bayer

"Latte" with the compliments of Roche.

Our sponsors also provide many of the niceties of conference for example:

"The professionally presented Handbook" - Endeavour Scientific

"A Chocolate Sun" in the satchels to match the theme of 'Sun, Surf & Sulphur' - Medlab Bay of Plenty.

The third ingredient for a successful conference is a competent PCO (Professional Conference Organiser). For this conference, several tenders were called for on the open market. Executive Events co-owned by our Executive Officer, Fran and her husband Eddy were successful and the administration details of registrations, the venue, audiovisual etc were all attended to by the PCO for the benefit of all participants.

The two key ingredients of the Conference Committee are the Scientific and Social Teams.

The Scientific Team was initially led by Ross Hewett of Roche Diagnostics to whom must be credited the inspired nomination of Craig Lehmann to be our keynote speaker. This friendly gentleman from the University of New York tied together the challenges of an ageing population, the growth of Chemotology superlabs, rapid response labs and point of care & home testing as driven by the economic and social forces of the world today. On Ross's transfer to Australia, travelling to Rotorua or Tauranga for committee meetings became impractical and Sue Mahar ably picked up the reins of Scientific Convenor to complete the excellent scientific programme. "I'd do it again - but not too soon", says Sue.

Sue was appropriately supported by discipline representatives. As Fran said ".....all the team choose roles that allowed everyone to contribute their abilities and passions".

A sample of comments from some discipline convenors"

"It was great to have so many enthusiastic participants (over 50) at the Immuno/Virology session on Friday morning". Theme = Result interpretation and correlation with disease. (Linda Smith).

"The friendly atmosphere at the conference and the high level of technical papers referring to the Haematology forum "Cellibration of Haematology". (Brett Tapper).

"I particularly enjoyed the parasite forum and the groups competitions initiated by Andrew Butcher, which prompted such loud and passionate debate". (Murray Robinson).

Clearly Andrew also enjoyed his visit from Australia as evidenced by his email:

"Now that the dust has had time to settle I thought it was time to congratulate you and the organising committee on a very professional and stimulating NZIMLS conference in Rotorua during August. I received your thank you letter and I must say that the pleasure was all mine. I had a very enjoyable stay in Rotorua, found the conference organisers and participants to be most hospitable and it was certainly an honour to present some of our work at your conference. I had an uneventful and safe trip home and have been back at the grindstone in the lab again.

If you ever need any assistance in the future do not hesitate to contact me. Best wishes and kind regards, Andrew Butcher."

The Health & Safety SIG, under the stewardship of Ross Covell designed both a pre-conference workshop and filled two full afternoon sessions. These were very popular. No delegates fell asleep during the tightly-packed 'Sleep and Shift Work' session run by Dr Philippa Gander.

A new forum was introduced on Veterinary lab work. While it is acknowledged that there are differences between dogs, donkeys and humans, there are definite areas of overlap as many of us use the same technical equipment and/or consumables from the same suppliers.

All sessions were heralded by our resident Bugler - Russell Cole, ie afternoon tea has finished so don't miss the next items on the program.

No conference is a success unless it includes some fun and fellowship after all the concentrated learning and sharing. Chris Thom and her band of two (Michaela and Judy) made sure we had a swimmingly good time around or in the August pool and attempted the 'limbo stick'. The beach party on Friday night let participants 'bop' through the night to the tunes of our local Joe Daniels and Tina Tuna. It didn't matter that the steaming volcano only featured at the Icebreaker before it spluttered and died because next up was the Opening Ceremony.

The Powhiri (challenge) in the chilly entrance on a bracing Rotorua Spring day, was unfortunately not visible to the vertically challenged people at the back. Two challenge sticks were presented and picked up by conference representatives, Craig Lehmann and Paul McLeod (TH Pullar presenter 2000). The third challenge stick placed before the NZIMLS President was uplifted by Mr Don Stafford, our local guest

speaker, as the female gender is barred from touching such a sacred item by the local Ngati Whakaue tribes.

While delegates were entertained in the opening ceremony, venue staff were trying to heat the entrance way, which was unfortunately 'under reconstruction'. This eventually set off the fire alarm at an extremely appropriate point in Don Stafford's story leaving the audience speculating on just what happened when he stepped through the gate onto Maori lands. To his credit, this seasoned speaker picked up the story seamlessly some 15-20 minutes later. It should be pointed out that this fire alarm does not equal that provided by the 1997 Wellington conference committee to those unfortunates staying in the Novotel Hotel at 1.00am in the morning!!!

A disappointment was the poor attendance at the concluding Happy Hour on Saturday afternoon. Can people please feedback to the Executive Office at PO Box 505, Rangiora, fax 03 313 2098 or email NZIMLS@exevents.co.nz - as to how the conference conclusion/end could/should be designed.

All in all, the team had a fun time and a rewarding one.

The bottom line is that this BOP Conference 2000 combined the personal and professional resources of science, commerce and ingenuity to provide a smooth service orientated event AND a healthy profit to seed future NZIMLS events.

Well done Team 2000

We look forward to ASM 2001 - South Auckland Odyssey - Waipuna Hotel, 12-15 September 2001.

Anne Paterson
Convenor
NZIMLS BOP Conference 2000



More conference photographs on pages 31 and 32

New products and services

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Pure Science Limited

Pure Science is a new supplier of chemicals and laboratory requisites, servicing customers throughout New Zealand and Australia from premises in Petone, Wellington. Managing Director, Hugh Blank has extensive experience in servicing the medical laboratory sector, and the company prides itself on having the widest range of chemical products available from any New Zealand based supplier. Included in the catalogue is a full range of stains for the histology lab, with many items held in Wellington stock. For further information contact Customer service on phone 0508 787 373 or at PureScience@compuserve.com.nz

Clonetics Primary Antibodies

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Aura Image

Aura Image is a powerful new system from Oxoid for antimicrobial susceptibility testing, epidemiology and infection control.

Aura Image - Data management:

The control and measurement of antimicrobial resistance is one of the most important tasks for the clinical microbiology laboratory. Oxoid have developed Aura Image, a system that enables resistance to be easily monitored and subsequent epidemiological reports to be generated.

- Patient details can be entered directly or down-loaded from a Laboratory Information Management system. Plates are allocated a bar-code, and this is used to link the test results to the patient details. The system ensures that the correct patient details are recalled for the plate that is being read.
- Zone diameters are immediately compared to the Aura Image database, and the organism is designated sensitive, intermediate or resistant automatically. The user can choose from a variety of reference databases, including BSAC, NCCLS, DIN interpretative guidelines, and the Oxoid reference database based on SRGA-M).
- Aura Image has a powerful epidemiology package, which can be used to monitor trends in resistance patterns. Many different report formats can be generated, searching by organism, antibiotic, ward, etc. Historical data can be imported to ensure continuity of your epidemiological records.
- Another important feature of Aura Image, is its Quality Management

System. Quality control reports are produced, which give graphical representation of QC test results over time. Trends can be monitored, investigated and when necessary, corrective action taken.

Oxoid's Aura Image system has been designed to ensure that you get maximum benefit from results of your antimicrobial susceptibility testing. It not only takes the hard work out of reading the plates, but the tailored epidemiology package allows you to process your data to provide infection control reports, or monitor resistance trends at the push of a button.

Combined with the scanner system that makes the reading of susceptibility plates simple and straightforward, removing much of the opportunity of errors to occur, Aura Image is a powerful new system for antimicrobial susceptibility testing, epidemiology and infection control.

Aura Image - Plate Reading:

In times when even more stringent demands are being made on clinical microbiology laboratories, Oxoid have designed Aura Image, a system to help you make light work of antimicrobial susceptibility testing.

- Oxoid's Aura Image system is a revolutionary approach to antimicrobial susceptibility testing designed to take the hard work out of measuring zones and at the same time give you the utmost confidence in your results.
- When a plate is inoculated it is allocated an individual bar code which is unique to that particular isolate. When Aura Image measures the zone sizes it also reads the bar code ensuring the plate and the results from it are correctly linked to the patient details. The system automatically downloads the results into the patient file in the database ensuring transcription and sample identification errors are eliminated.
- Aura Image incorporates Optical Character Recognition (OCR) software. This unique feature reads the antimicrobial codes on Oxoid discs, which means that precise orientation of the plate is not required. It also double-checks that the correct standard panel of discs has been used.
- The unique technology of the Oxoid system means it is able to read zones from all susceptibility testing media, including Iso-Sensitest, Mueller-Hinton, blood and chocolate plates.
- Developed in Oxoid's own R&D laboratories, Aura Image is ingeniously based on simple principles to provide a system that is reliable and effective.

Oxoid's Aura Image makes the reading of susceptibility plates simple and straightforward, removing much of the opportunity for errors to occur. Combined with a comprehensive epidemiology package for monitoring resistance trends and infection control studies, Aura Image is a powerful new system for antimicrobial susceptibility testing, epidemiology and infection control.

For further information on Aura Image, please contact Global Science & Technology on 0508 734 100.

Massey MSc. (MLS) students



The first year of the Massey, MSc. (MLS) attracted an enrolment of 12 students in 2000. Pictured are the cheerful participants captured during the "on campus" course held at Palmerston North, in October 2000.

Back row: Karen Parkes, Lisa Brennan (Canterbury Health Labs.) Assoc. Prof. Mary Nulsen (Programme Director, MLS), Lia Kubbala (Canterbury Health Labs.)

Middle: Karen Parkes (Auckland Healthcare), Catherine Bridson (Health Waikato), Peter Johns (HealthCare Otago), Christine Martin (Southern Community Labs, Christchurch), Anna Rudenklau (Canterbury Health Labs.)

Front: Linda Smith (Medlab, BOP), Katrina Monaghan (HealthCare Otago), Janine Gunderson (NZBS, Palmerston North), Kate Marson (Medlab Central)

MED-BIO JOURNAL AWARD

**Is an award to the value of \$150 for each issue of the NZIMLS Journal.
It is offered three times a year.**

All fellows, members and associates of the NZIMLS Journal will be automatically considered for the award for that edition.

Winners of the MedBio Award for the best paper in each issue of the Journal for 2000 were:

Lisa Brennan from Canterbury Health Laboratories (An evaluation of the maintenance of laboratory professional standards (MOLS) pilot programme. *NZ J Med Lab Science* 2000; 54: 49-56), and Nadika Liyanarachcy from the University of Otago (Effects of storage at 4°C for seven days on ten serum analytes. *NZ J Med Lab Science* 2000; 54: 83-6)

Conference 2000 Photos



Conference 2000 Photos



online service to members

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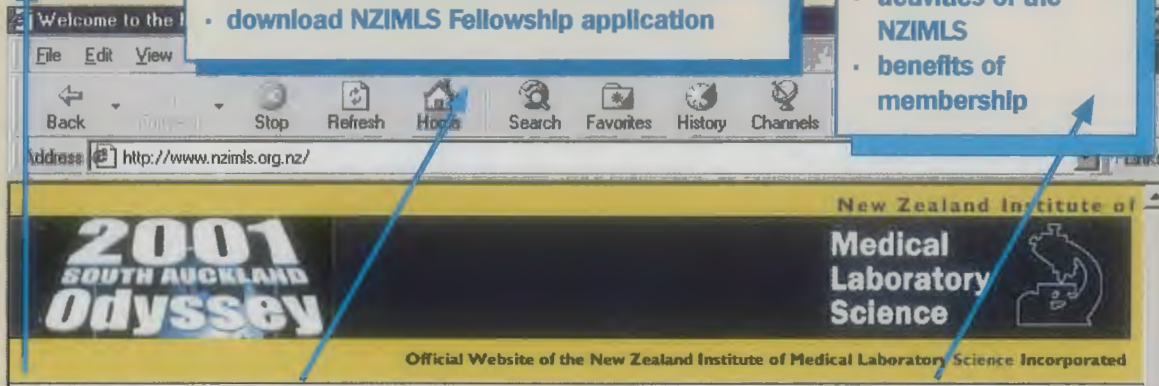
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NZIMLS Welcome

MISSION STATEMENT

“ The New Zealand Institute of Medical Laboratory Science is the professional organisation that represents its medical laboratory science professionals. It has an ongoing commitment to promote professional excellence, education, and a code of ethics to achieve the best for the ultimate benefit of the patient. ”

Membership

- code of ethics
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Continuing Professional Development

- CPD Information
- points allocation
- annual return documentation

Leadership

- NZIMLS Council
- SIG convenors
- downloadable SIG guidelines
- position responses for LA's and Near Patient Testing.

Calendar

- Council meetings
- NZIMLS annual scientific meeting
- NZ and International Scientific meetings
- SIG seminars
- application deadline dates for NZIMLS examinations
- Fellowship and QTA examination dates

Links

- International MLS professional organisations
- medical science pages
- self assessment exercises
- NZ and Australian Universities

Biochip Array Technology

Multianalyte Biochip Array Technology

Biochip Array Technology has arrived with the new, fully automated system from Randox that uses a unique imaging system for simultaneous measurement of up to 25 analytes. Solid state biochips support functional, immobilised ligands that bind the analyte of interest at discrete test regions. Biochip Array Technology is set to redefine clinical analysis and exceed all expectations long into the millennium.

HDL & LDL

New Generation Clearance Method for HDL and LDL cholesterol

Randox have launched a new generation clearance method for the rapid determination of HDL and LDL cholesterol in patient samples with liquid stable reagents. Unwanted lipoproteins are removed early in the first reaction step and unique surfactants help reduce interference from bilirubin and triglycerides.

Quality Control Sera

New Colour-coded Quality Controls from Randox

Randox have introduced an extensive range of control products in new, easy to use, colour-coded packaging to help distinguish different analyte levels. Bottles, caps, labels and packaging are all colour-coded for ease of use in the laboratory. Randox controls account for over 140 analytes regularly assayed in pathology laboratories.

'For your management of analytical performance'

Randox International Quality Assessment Scheme (RIQAS) is a worldwide EQA programme developed by Randox to address the growing need for quality assurance of laboratory results. RIQAS offers programmes for General Clinical Chemistry, Therapeutic Drugs, Specific Proteins, Human Urine, Immunology, Haematology and CK-MB. The success of the scheme is attributed to its core design and function which was developed by a laboratory manager for laboratory managers, who needed a system to address the main criteria of quality functions.



Clinical Chemistry Reagents

Clinical Chemistry Reagents

Randox manufacture diagnostic kits to suit the needs of all clinical chemistry laboratories. Routine assays are combined with specialist tests in probably the most comprehensive product range available that includes colorimetric, UV, ELISA and immunoturbidimetric assays.

Dedicated reagents from Randox

A full range of dedicated reagents is now available in all sizes of dedicated packaging, which is designed to fit directly onto the Hitachi®, the Dimension® and the Cx® instruments. Dedicated reagents in Randox packaging offer maximum economy and dedicated reagents in purpose design packaging offer maximum ease of use.

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Liquid-stable reagents from Randox offer ease of use and convenience for a range of clinical chemistry parameters. Reagents are available in dedicated packaging, easily automated on a range of clinical chemistry analysers and many have barcodes for the Hitachi® systems.



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